



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

**A. Ralph Molits**, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

### NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

**Filing Period:** June 1 - June 30 • **Filing Fee:** \$20.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

|  |                    |  |                     |
|--|--------------------|--|---------------------|
| 1. Corporate ID No.<br><b>33882</b>  |                    | 2. Name of Corporation<br><b>NEW ENGLAND READING ASSOCIATION</b>                     |                     |
| 3. State of Incorporation<br><b>RI</b>   |                    | 4. Corporate address in Rhode Island - Street Address<br><b>23 SILVER PINES BLVD</b> |                     |
|  |                    | City<br><b>SLATERSVILLE</b>  | Zip<br><b>02876</b> |
| 5. Foreign corporation. Enter principal office address   |                    | City   | State               |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br><b>PROFESSIONAL DEVELOPMENT FOR EDUCATORS</b> |                    |  |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                  |                    |  |                     |
| President Name<br><b>EILEEN LEAVITT</b>  |                    | Vice President Name<br><b>KATHLEEN JITTERLY</b>                                      |                     |
| Street Address<br><b>420 WATER VILLAGE ROAD</b>  |                    | Street Address<br><b>115 OAK ST</b>  |                     |
| City<br><b>OSSIPEE</b>   | State<br><b>NH</b> | City<br><b>FLORENCE</b>  | State<br><b>MA</b>  |
| Zip<br><b>03864</b>  |                    | Zip<br><b>01062</b>  |                     |
| Secretary Name<br><b>ANGELA YAKOVLEFF</b>  |                    | Treasurer Name<br><b>SANDIP LEANNE WILSON</b>  |                     |
| Street Address<br><b>PO BOX 996</b>  |                    | Street Address<br><b>80 MAPLE ST</b>   |                     |
| City<br><b>WILMINGTON</b>  | State<br><b>VT</b> | City<br><b>BANGOR</b>  | State<br><b>ME</b>  |
| Zip<br><b>05363</b>  |                    | Zip<br><b>04401</b>  |                     |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                 |                    |  |                     |
| <b>THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23</b>                          |                    |  |                     |
| Director Name<br><b>JANE WELLMAN LITTLE</b>  |                    | Director Name<br><b>BELINDA JOHNSON</b>  |                     |
| Street Address<br><b>89 JONES ROAD</b>   |                    | Street Address<br><b>PO BOX 30</b>   |                     |
| City<br><b>BRADFORD</b>  | State<br><b>ME</b> | City<br><b>ADAMANT</b>   | State<br><b>VT</b>  |
| Zip<br><b>04410</b>  |                    | Zip<br><b>05640</b>  |                     |
| Director Name<br><b>JAMES JOHNSTON</b>   |                    | Director Name<br><b>LIZABETH WIDDIFIELD</b>  |                     |
| Street Address<br><b>80 JACQUES LANE</b>   |                    | Street Address<br><b>4 ST ANDREWS TERRACE</b>  |                     |
| City<br><b>SO. WINDSOR</b>   | State<br><b>CT</b> | City<br><b>WESTERLY</b>  | State<br><b>RI</b>  |
| Zip<br><b>06074</b>  |                    | Zip<br><b>02891</b>  |                     |
| 9. REGISTERED AGENT IN RHODE ISLAND  |                    |  |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78       |                    |  |                     |

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date         JUN 20 2011        

Check No.         By *[Signature]*        

By:         5421        

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Sandip L. Wilson*         6/10/11          
Signature of Officer Date

**Sandip L. Wilson**  
Print or Type Name of Officer

**Treasurer**  
Title of Officer