



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

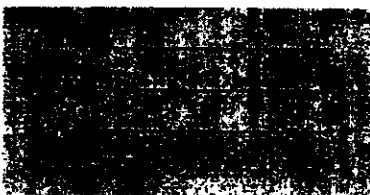
Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>424920</b>		2. Exact name of the Corporation <b>RHODE ISLAND TUTORIAL &amp; EDUCATIONAL SERVICES, INC.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>TUTORING &amp; EDUCATIONAL SERVICES</b>			
5. Principal office address <b>334 EAST AVENUE</b>		City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	
President Name <b>CRISTIANA QUINN</b>		Vice-President Name <b>JENNIFER JENCKS</b>			
Street Address <b>261 PRESIDENT AVENUE</b>		Street Address <b>80 WALNUT STREET</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>
Secretary Name <b>DANA OSOWIECKI</b>		Treasurer Name <b>SIU-LI KHOE</b>			
Street Address <b>139 NARRAGANSETT AVENUE</b>		Street Address <b>88 HUDSON STREET</b>			
City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
Director Name <b>LISA BIGNEY</b>		Director Name <b>HALLEY LAVENSTEIN</b>			
Street Address <b>10 LINDEN DRIVE</b>		Street Address <b>119 MASSASOIT AVENUE</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02905</b>
Director Name <b>RANDI BERANBAUM</b>		Director Name			
Street Address <b>5 WINGATE ROAD</b>		Street Address			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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



Form No. 631  
Revised: 05/2012

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.

X Si-Li Khoe 2-1-13 11:05  
Signature of Officer Date  
X SIU-LI KHOE  
Print or Type Name of Officer  
X TREASURER  
Title of Officer

FILED

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FEB 07 2013

BY

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