



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 **2011**

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>000424920</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 AND 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>NAN BECKER</b>			Vice-President Name <b>CRISTIANA QUINN</b>		
Street Address <b>91 GROTTO AVENUE</b>			Street Address <b>261 PRESIDENT AVENUE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
Secretary Name <b>JENNIFER JENCKS</b>			Treasurer Name <b>SIU-LI KHOE</b>		
Street Address <b>80 WALNUT STREET</b>			Street Address <b>88 HUDSON STREET</b>		
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</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>DANA OSOWIECKI</b>			Director Name <b>RANDI BERANBAUM</b>		
Street Address <b>139 NARRAGANSETT AVENUE</b>			Street Address <b>5 WINGATE ROAD</b>		
City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>

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.

Signature of Officer: *Cristiana M. Quinn* Date: *1/27/13*  
 Print or Type Name of Officer: *Cristiana M. Quinn*  
 Title of Officer: *Vice President*

2013  
 JAN 30 11:05 AM  
 DIVISION OF BUSINESS SERVICES  
 SECRETARY OF STATE

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BY 02109497