



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**

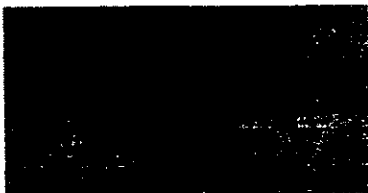
Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

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

1. Entity ID No. 000424920		2. Exact name of the Corporation RHODE ISLAND TUTORIAL & EDUCATIONAL SERVICES, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TUTORING AND EDUCATIONAL SERVICES			
5. Principal office address 334 EAST AVENUE		City PAWTUCKET	State RI	Zip 02860	
President Name NAN BECKER			Vice-President Name CRISTIANA QUINN		
Street Address 91 GROTTO AVENUE			Street Address 261 PRESIDENT AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Secretary Name JENNIFER JENCKS			Treasurer Name SIU-LI KHOE		
Street Address 80 WALNUT STREET			Street Address 88 HUDSON STREET		
City SEEKONK	State MA	Zip 02771	City PROVIDENCE	State RI	Zip 02909
Director Name LISA BIGNEY			Director Name HALLEY LAVENSTEIN		
Street Address 10 LINDEN DRIVE			Street Address 119 MASSASOIT AVENUE		
City PROVIDENCE	State RI	Zip 02906	City CRANSTON	State RI	Zip 02905
Director Name DANA OSOWIECKI			Director Name RANDI BERANBAUM		
Street Address 139 NARRAGANSETT AVENUE			Street Address 5 WINGATE ROAD		
City RIVERSIDE	State RI	Zip 02915	City PROVIDENCE	State RI	Zip 02906

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
 STATE OF RHODE ISLAND

FILED 1105

FEB 07 2013

BY 02109497