



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** 2013

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>793895</b>		2. Exact name of the Corporation <b>SCIENCE AND MATH INVESTIGATIVE LEARNING EXPERIENCES SMILE PROGRAM</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>To increase the number of educationally disadvantaged students who graduate from high school well prepared to enter higher education. After school Science Program</b>			
5. Principal office address <b>50 Lower College Rd, Suite 305</b>		City <b>Kingston</b>	State <b>RI</b>	Zip <b>02881</b>	
<b>LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>Fred Frostic</b>			Vice-President Name <b>John Peterson</b>		
Street Address <b>272 Rodman St.</b>			Street Address <b>44 Crestwood Dr</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>KINGSTON</b>	State <b>RI</b>	Zip <b>02881</b>
Secretary Name <b>Marilyn Cohen</b>			Treasurer Name <b>Dominic Valentino</b>		
Street Address <b>131 Westwind Rd.</b>			Street Address <b>158 Estelle Dr</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>
<b>LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>Glenda Kirby</b>			Director Name <b>William Horan</b>		
Street Address <b>109 Cottrell Rd</b>			Street Address <b>P.O. Box 678</b>		
City <b>Saunderston</b>	State <b>RT</b>	Zip <b>02874</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
Director Name <b>Malcolm Spaulding</b>			Director Name		
Street Address <b>1674 Ministerial Rd</b>			Street Address		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
<b>REGISTERED AGENT IN RHODE ISLAND</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

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**

**MAY 13 2013**

By MMC  
 CR # 103

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 [Signature] Date 5/8/13  
 Print or Type Name of Officer John S. Peterson  
 Title of Officer Vice President