

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

Print or Type Name of Officer

Title of Officer

5/8/13
DateJohn S. Peterson
Vice President