



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. 000159725		2. Exact name of the Corporation ENKI Education, Inc.	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Provide Curriculum Materials and Training to parents using the Enki method in homeschooling	
5. Principal office address 97 JERNDALE AVE		City Providence	State RI
		Zip 02905	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Deborah Hussey		Vice-President Name TRUDY P. WALTER	
Street Address 300 Pelham Rd #7H		Street Address 1812 Signature Circle	
City New Rochelle	State NY	City Longmont	State CO
Zip 10805		Zip 80504	
Secretary Name Blake M Sutton		Treasurer Name BETH A. SUTTON	
Street Address 97 JERNDALE AVE		Street Address 97 JERNDALE AVE	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Deborah Hussey		Director Name Trudy Walter	
Street Address see above		Street Address see above	
City	State	City	State
Zip		Zip	
Director Name Blake Sutton		Director Name Beth Sutton	
Street Address see above		Street Address see above	
City	State	City	State
Zip		Zip	
8. REGISTERED AGENT IN RHODE ISLAND Blake M Sutton			
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 _____

FILED

Check No _____

JUN 07 2013

By: _____

FOR SECRETARY OF STATE USE ONLY

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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] **6-2-13**
 Signature of Officer Date

Blake M Sutton
 Print or Type Name of Officer

Secretary
 Title of Officer