



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.

2013 JUN 20 AM 11:34
 SECRETARY OF STATE
 CORPORATIONS DIV
 PROVIDENCE

1. Entity ID No. 26670		2. Exact name of the Corporation ARABIC EDUCATIONAL FOUNDATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Provide scholarships to students of accredited institutions of higher learning			
5. Principal office address P.O. BOX 312		City SCITUATE	State RI	Zip 02857	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ANN M. SCHERZA		Vice-President Name JOSEPH MASSUD			
Street Address 22 GENTRY WAY		Street Address 94 BURNSIDE STREET			
City NORTH SCITUATE	State RI	Zip 02857	City SEEKONK	State MA	Zip 02771
Secretary Name BEVERLY NAJJAR		Treasurer Name SANDRA BAKALAKIS			
Street Address 24 WOODROW STREET		Street Address 45 PARK AVENUE			
City CUMBERLAND	State RI	Zip 02864	City CRANSTON	State RI	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 checked="" type="checkbox"/>					
Director Name ANDREA BAKALAKIS		Director Name ROSALYN CAPALDI			
Street Address 45 PARK AVENUE		Street Address 116 ORCHARD MEADOW DRIVE			
City CRANSTON	State RI	Zip 02905	City SMITHFIELD	State RI	Zip 02917
Director Name GEORGE E. KILSEY		Director Name GEORGE MATOOK			
Street Address 2 CHASE LANE		Street Address 15 SWEET HILL DRIVE			
City LINCOLN	State RI	Zip 02865	City JOHNSTON	State RI	Zip 02919
8. 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: _____

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FILED

JUN 20 2013

By 49-199837

AA.

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.

x *Ann M. Scherza*

6/12/13

Signature of Officer

Date

ANN M. SCHERZA

Print or Type Name of Officer

PRESIDENT

Title of Officer

ATTACHMENT

2013 Annual Report

ARABIC EDUCATIONAL FOUNDATION

Additional Directors

Janelle Khoury 123 Worcester Street
 Taunton, MA 02780

Theresa McMichael 63 Sun Valley Drive
 Cumberland, RI 02864

Donna Raheb 1 Down Drive
 Lincoln, RI 02865

Lynn Rotondo 109 Newfield Avenue
 Warwick, RI 02888

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