

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 • FAI	LURE TO FILE	THIS REPORT BY J	IULY 30 WILL RESULT IN	A \$25.00 PENALT	/ FEE.
1. Entity ID No.		of the Corporation y String Project			**************************************
-509-1-90					
State of Incorporation	4. Brief descrip	otion of the character of l	ousiness conducted in Rhode sons to students	Island	
Rhode Island	provide an	ivivable sumy les	sons to students		
5. Principal office address 15 Hattie Brown Ln			City Bristol	State RI	Zip 02809
LIST <u>ALL</u> OFFICERS (NAME	S AND ADDRE	SSES) ("X" BOX FOR A			
President Name Robert Arsenault			Vice-President Name Bruce Carlsten		
Street Address 15 Hattle Brown Ln			Street Address 85 Highland Rd.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Lois Grant			Treasurer Name MaryKae Wright		
Street Address 6 Francine St			Street Address 165 Wood St		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
'. LIST <u>ALL</u> DIRECTORS (NAM ("X" BOX FOR ATTACHMEN		ESSES). RHODE ISLAN	ID CORPORATIONS MUST	LIST NO LESS THAN	THREE (3) DIRECTO
Director Name			Director Name		
JoAnne Camara			Keith Sartini Street Address		
Street Address I 5 Wilcox Ln.			338 Metacom Ave.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
irector Name		1	Director Name		
Rebecca Forsyth			Lauren Macbeth		
Street Address 50 Sowams Rd			Street Address 6 Connolly Ave		
ity Barrington	State RI	Zip	City Warren	State RI	Zip 02885
. REGISTERED AGENT IN RH	ODE ISLAND				
his information is currently of	f record in the C	Office of the Secretary	of State. Changes require fil	ing Form 641.	
This report must be si	igned by either ti	he President, Vice-Presid	dent, Secretary, Assistant Seci	retary, Treasurer, Rece	eiver or Trustee
Ella Data			Under penalty of perju- this report, including a		
Flie Date			and that all statements		
Check No	 	FILED	Robert On Signature of Officer	senault	7/23/13 Date
FOR SECRETARY OF STATE USE ONLY		HU 0 0 0040	Robert Arsenault		Caio
		JUL 2 9 2013	Print or Type Name of O	fficer	
over No. C21	BY	61/	Board President		
orm No. 631 levised: 05/2012			Title of Officer		····