



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000073765

**2. Name of Corporation** Project LEARN, Adult and Family Literacy Programs, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 567, ONE SOCIAL STREET

City or Town: WOONSOCKET

State: RI Zip: 02895 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROMOTE AND FOSTER LITERACY IN RI.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|--|--|
| PRESIDENT | EILEEN MENDREK MRS.                            | 22 STILLWATER DR.<br>CUMBERLAND, RI 02864 USA              |
| TREASURER | RANDALL SACILOTTO MR.                          | 1005 DOUGLAS PIKE<br>SMITHFIELD, RI 02917-1206 USA         |
| SECRETARY | LESLIE PAGE MS.                                | ONE CLINTON STREET   |

|          |                         |   |
|----------|-------------------------|---|
|          |                         | WOONSOCKET, RI 02895 USA                        |
| DIRECTOR | NATALIE CARTER          | 10 STILLWATER DRIVE<br>CUMBERLAND, RI 02864 USA |
| DIRECTOR | ROBERT HUGHES MR.       | 21 MOUNT DANIELS WAY<br>DOUGLAS, MA 01517 USA   |
| DIRECTOR | JILL RASMUSSEN MS.      | 100 AMICA WAY<br>LINCOLN, RI 02865 USA          |
| DIRECTOR | KATHLEEN MCLAUCHLAN MS. | 368 PROVIDENCE ST.<br>WOONSOCKET, RI 02895 USA  |
| DIRECTOR | SUSAN GRISLIS MS.       | 19 HIGHLAND STREET<br>CRANSTON, RI 02920 USA    |
| DIRECTOR | KATHRYN TANCRELLE       | 115 SWAN ROAD<br>SMITHFIELD, RI 02917 USA       |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SUSAN GRISILIS ONE SOCIAL STREET P.O. BOX 567 WOONSOCKET , RI 02895

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 2 Day of June, 2014 at 12:49:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By SUSAN GRISLIS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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