



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

PD #121
6/11/14

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 547218		2. Exact name of the Corporation The Engine Institute, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Promoting Art, science and Technology through events, exhibitions and our magazine, Entanglement.			
5. Principal office address 256 Maple Street		City Warwick		State RI	Zip 02888
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Seth Horowitz, PhD		Vice-President Name San San Lee			
Street Address 256 Maple Street		Street Address 1270 Beethoven Common #306			
City Warwick	State RI	Zip 02888	City Fremont	State CA	Zip 94538
Secretary Name Juliet Duyster		Treasurer Name Juliet Duyster			
Street Address		Street Address 822 Dartmouth Woods Dr.			
City	State	Zip	City Dartmouth	State MA	Zip 02747
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name China Blue Wong		Director Name Seth Horowitz, PhD			
Street Address 256 Maple Street		Street Address 256 Maple Street			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name Juliet Duyster		Director Name San San Lee			
Street Address 822 Dartmouth Woods Dr.		Street Address 1270 Beethoven Common #306			
City Dartmouth	State MA	Zip 02747	City Fremont	State CA	Zip 94538
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

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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 of Officer or Authorized Representative

5/13/2014

Date

Seth Horowitz, President

Print or Type Name of Officer or Authorized Representative