

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

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.	2. Exact nar	2. Exact name of the Corporation Rhode Island Legal/Educational Partnership						
29409	Rhode Is							
3. State of Incorporation	Non-pro	4. Brief description of the character of business conducted in Rhode Island Non-profit organization to promote understanding of legal processes and profession among high school and junior high school students.						
5. Principal office address 670 New London Avenue, Room 1063			City Cranston	State RI	Zip 02920			
6. LIST ALL OFFICERS	(NAMES AND ADDE	RESSES) ("X" BOX F	OR ATTACHMENT)					
President Name Megan J. Goguen			Vice-President Name Hagop Jawharjian					
Street Address One Turks Head Place, Suite 550			Street Address 2013 Plainfield Pike					
City Providence	State RI	Zip 02903	City Johnston	State RI	Zip 02912			
Secretary Name Moira Reynolds			Treasurer Name Kathleen Wyllie					
Street Address One Beacon Centre, Suite 200		Street Address 931 Jefferson Boulevard Suite 1066						
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886			
7. LIST <u>ALL</u> DIRECTORS ("X" BOX FOR ATTAC	S (NAMES AND ADD HMENT) 🔽	DRESSES). RHODE IS	SLAND CORPORATIONS MUST LIS	T NO LESS THAN	THREE (3) DIRECTORS			
Director Name Mary Welsh McBurney			Director Name Andrew Caslowitz					
Street Address One Turks Head Pla	ace, Suite 550		Street Address 989 Waterman Avenue	:				
City Providence	State RI	Zip 02903	City East Providence	State RI	Zip 02914			
Director Name Hon. Edward Sowa			Director Name Hon. Daniel Proccaccini					
Street Address J. Garrahy Judicial Complex			Street Address Licht Judicial Center					
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903			
8. REGISTERED AGENT								
			tary of State. Changes require filing					
This report must be signed	d by either the Presia	ent, Vice-President, Se	ecretary, Assistant Secretary, Treasure	er, duly Authorized	Representative, Receiver			

or Trustee

File Date	FILED	Under penalty of perjury, I declare and affirm that I have examined this peport, including any accompanying schedules and statements
Check No	JUN 0 9 2014	and that all statements contained horsen are true and correct.
Ву:	10 101	Signature of Officer or Authorized Representative Date
FOR SECRETARY OF STATE USE ONLY		0 ×
		Megan J. Goguen

Form No. 631 Revised: 04/2014



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1. Entity ID No.	2 Evect ner	me of the Corporation					
•	Z. Exact fiai	ne of the Corporation					
29409	:						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
·		,		Siano			
5 Dringing Latting address							
5. Principal office address			City	State	Zip		
O LIGT ALL OFFICERS (I)							
6. LIST <u>ALL</u> OFFICERS (N. President Name	AMES AND ADDE	RESSES) ("X" BOX F					
i resident ivanie			Vice-President Name				
Street Address			Street Address				
3.0007 (adi 000			Olicet Addless				
City	State	Zip	City	State	Zip		
		2.6	City	Giale	μ		
Secretary Name			Treasurer Name				
•			TOWNS THE TOWN				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
7. LIST <u>ALL</u> DIRECTORS ("X" BOX FOR ATTACH N	NAMES AND ADD	DRESSES). RHODE IS	SLAND CORPORATIONS MUST	LIST NO LESS THAN	THREE (3) DIRECTOR		
Director Name			Director Name				
Karen Finley			Barbara Margolis				
Street Address			Street Address				
One Beacon Centre			24 Weybosset Street				
City	State	Zip	City	State	Zip		
Warwick	RI	02886	Providence	RI	02903		
Director Name			Director Name				
Hon. Edward Newma	n		Hon. Feidlim Gill				
Street Address			Street Address				
One Dorrance Plaza			J. Garrahy Judicial (Complex			
City	State	Zip	City	State	Zip		
Providence	RI	02903	Providence	RI	02903		
B. REGISTERED AGENT IN							
			tary of State. Changes require fil				
This report must be signed b	y either the Presid	lent, Vice-President, S	ecretary, Assistant Secretary, Treas	urer, duly Authorized	Representative, Receive		
or Trustee							
			Under penalty of perior	rv. I declare and affir	m that I have examined		
File Date					chedules and statement		
			and that all statements	contained herein ar	e true and correct.		
Check No				$\nu \prime \prime \prime$			
R _v .			IVIX CBA	x (nin	6/6/14		
By:	· · · · · · · · · · · · · · · · · · ·		Signature of Aicer or A	uthorized Representa	tive Date		
FOR SECRETARY OF ST	ATE USE ONLY		. 0	•			
	•		Megan J. Goguen		7		
Form No. 631			Print or Type Name of Officer or Authorized Representative				
			milit of Type Name of Officer of Authorized Representative				

Revised: 04/2014