



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. 164422		2. Exact name of the Corporation Educational Advocates of RI, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Educational Advocates			
5. Principal office address 100 Jefferson Blvd., Suite 200		City Warwick		State RI	Zip 02888
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) FOR THE YEAR (ATTACHMENT <input type="checkbox"/>)					
President Name Michael J. Capalbo			Vice-President Name		
Street Address 4 Flintstone Court			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS) (ATTACHMENT <input type="checkbox"/>)					
Director Name Michael J. Capalbo			Director Name Robert M. Pryhoda		
Street Address 4 Flintstone Court			Street Address 196 Rochambeau Avenue		
City East Greenwich	State RI	Zip 02818	City Providence	State RI	Zip 02906
Director Name Thomas W. Stott			Director Name		
Street Address 113 Pine Hill Road			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
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

FILED

JUN 23 2014

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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.

Michael J. Capalbo 6/11/14
Signature of Officer or Authorized Representative Date

Michael J. Capalbo, President

Print or Type Name of Officer or Authorized Representative