



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. 91889		2. Exact name of the Corporation Rhode Islanders Sponsoring Education			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island PROVIDE MENTORING & SCHOLARSHIPS TO CHILDREN OF INCARCERATED PARENTS			
5. Principal office address 143 PRAIRIE AVE 1ST FL		City PROVIDENCE	State RI	Zip 02905	
President Name KEVIN VIGILANTE, MD		Vice-President Name TIM FLANIGAN, MD			
Street Address ONE PRESERVE PARKWAY		Street Address 127 HIGHLAND ROAD			
City ROCKVILLE	State MD	Zip 20852	City TIVERTON	State RI	Zip 02878
Secretary Name DANIEL MURPHY		Treasurer Name JOCELYN MURTA			
Street Address 2 ARTIERI WAY		Street Address 40 WESTMINSTER ST. STE 400			
City WARWICK	State RI	Zip 02886	City PROVIDENCE	State RI	Zip 02903
Director Name JONNY SKYE		Director Name TIM FLANIGAN, MD			
Street Address 143 PRAIRIE AVENUE		Street Address 127 HIGHLAND ROAD			
City PROVIDENCE	State RI	Zip 02905	City TIVERTON	State RI	Zip 02878
Director Name KEVIN VIGILANTE, MD		Director Name 02878			
Street Address ONE PRESERVE PARKWAY		Street Address			
City ROCKVILLE	State MD	Zip 20852	City	State	Zip

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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

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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] 6.9.14
 Signature of Officer or Authorized Representative Date
JONNY SKYE
 Print or Type Name of Officer or Authorized Representative