



**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:** 2015

**1. Corporate ID No.** 000738781

**2. Name of Corporation** Students Taking Action Now w/Determination

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 49 FAIRVIEW AVENUE

City or Town: CUMBERLAND

State: RI

Zip: 02864

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 PROVIDE PROFESSIONAL DEVELOPMENT FOR RHODE ISLAND ADULT LEARNERS

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ALEMY MONDESTIN	85 HENDRICK ST PROVIDENCE, RI 02908 USA
SECRETARY	ANDREW MING	11 GEORGE ST PAWTUCKET, RI 02860
DIRECTOR	HELLEN METAFERIA	792 POTTERS AVE

		PROVIDENCE, RI 02907 USA
DIRECTOR	SEM HAR ABRHAM	1805 BIG BEND DR KILLEEN , TX 76540 USA
DIRECTOR	LUCRECIA DUARTE	8 JOHN ST NORTH PROVIDENCE, RI 02904 US

**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**

WESLEY GARVIN 49 FAIRVIEW AVENUE CUMBERLAND , RI 02864

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

**Signed this 1 Day of June, 2015 at 9:33:07 AM 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 WESLEY GARVIN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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