RI SOS Filing Number: 201562893770 Date: 06/08/2015 4:00 PM

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 2015

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 name of the Corporation
59435	**Chariho Association of Educational Support Personnel**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**To promote self improvement for members and to create goodwill between support personnel and members of their community.**

5. Principal office address	City	State	Zip
455 A Switch Rd	**Wood River Junction**	**RI**	**02894**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Diane McKeen	**Christopher Caldarone**
Street Address: **60 Tefft Hill Rd**	Street Address: **32 East Park Lane**
City: **Wyoming** State: **RI** Zip: **02898**	City: **Kingston** State: **RI** Zip: **02881**
Secretary Name: **Blythe Tetlow**	Treasurer Name: **Deborah Williams**
Street Address: **468 Kingstown Rd**	Street Address: **57 KG Ranch Rd PO Box 262**
City: **West Kingston** State: **RI** Zip: **02892**	City: **Wyoming** State: **RI** Zip: **02898**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Diane McKeen	**Christopher Caldarone**
Street Address: **60 Tefft Hill Rd**	Street Address: **32 East Park Lane**
City: **Wyoming** State: **RI** Zip: 02898	City: **Kingston** State: **RI** Zip: **02881**
Director Name: **Blythe Tetlow**	Director Name: **Deborah Williams**
Street Address: **468 Kingstown Rd**	Street Address: **57 KG Ranch Rd PO Box 262**
City: **West Kingston** State: **RI** Zip: **02892**	City: **Wyoming** State: **RI** Zip: **02898**

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 08 2015
BY 1918

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Deborah L Williams — **06/02/2015**
Signature of Officer or Authorized Representative — Date

Deborah L. WilliamsTreasurer
Print or Type Name of Officer or Authorized Representative

121684-28-948932