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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
65570	Educational Support Professionals
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Union of Clerical Workers

5. Principal office address	City	State	Zip
94 W. Alumni Ave. Rodman Hall Rm. 120	Kingston	RI	02881

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

President Name	Vice-President Name
Linda J. Lowe	
Street Address	Street Address
2 Botka Drive	
City / State / Zip	City / State / Zip
Charlestown / RI / 02813	
Secretary Name	Treasurer Name
	Lucienne Andrew
Street Address	Street Address
	97 Saugatucket Road
City / State / Zip	City / State / Zip
	Wakefield / RI / 02879

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
Linda J. Lowe	Lucienne Andrew
Street Address	Street Address
2 Botka Drive	97 Saugatucket Road
City / State / Zip	City / State / Zip
Charlestown / RI / 02813	Wakefield / RI / 02879
Director Name	Director Name
Jacquelyn Moreino	
Street Address	Street Address
30 Winterberry Lane	
City / State / Zip	City / State / Zip
Wakefield / RI / 02879	

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
DEC 21 2015
BY 5800

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.

Linda J. Lowe 12/7/15
Signature of Officer or Authorized Representative Date

Linda J Lowe
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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