



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 APR 25
 11:26

Non-Profit Corporation Annual Report for the year: 2015

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
660560		AAEEBL, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Non-Profit Educational Services			
5. Principal Office Address			City	State	Zip
4060 Post Road			Warwick	RI	02886
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Trent Batson			Vice-President Name		
Street Address 4060 Post Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Gary Brown			Director Name Helen L. Chen		
Street Address 4060 Post Road			Street Address 4060 Post Road		
City Warwick	State RI	Zip 02886	City Warwick, RI	State RI	Zip 02886
Director Name Marc Zaldivar			Director Name		
Street Address 4060 Post Rad ROAD			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Christopher L. Franklin				Date 04-21-2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

APR-25 2016

BY LE 272896
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