



**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

Non-Profit Corporation Annual Report for the year: 2016

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			
159725		Enki Education, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
R.I.		Train teachers and parents to use our materials and philosophy			
5. Principal Office Address			City	State	Zip
112 Wentworth Avenue			Cranston	RI	02905
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Deborah Hussey			Vice-President Name William Nathan		
Street Address 300 Pelham Road			Street Address 786 Valley Raod		
City New Rochelle	State NY	Zip 10805	City Upper Montclair	State NJ	Zip 07043
Secretary Name Blake Sutton			Treasurer Name		
Street Address 112 Wentworth Avenue			Street Address		
City Cranston	State RI	Zip 02905	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 Deborah Hussey			Director Name William Nathan		
Street Address 300 Pelham Road			Street Address 786 Valley Road		
City New Rochelle	State NY	Zip 10805	City Montclair	State NJ	Zip 07043
Director Name Beth Sutton			Director Name Blake Sutton		
Street Address 3150 Holcomb Ranch Lane			Street Address 112 Wentworth Avenue		
City Reno	State NV	Zip 89511	City Cranston	State RI	Zip 02905
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				Date	
Blake Sutton				May 12, 2016	
Signature of Officer/Authorized Representative					

FILED

MAY 16 2016

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