



**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	
793895		SCIENCE AND MATH INVESTIGATIVE LEARNING EXPERIENCES SMILE PROGRAM	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
RI		educational after school program grades 4-12 in science, math, engineering and	
5. Principal Office Address		City	State
90 Lower College Rd room 1		Kingston	RI
		Zip	02881
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Fred Frostic		Vice-President Name John Peterson	
Street Address 272 Rodman St		Street Address 44 Crestwood Dr	
City Wakefield	State RI 02879	City Kingston	State RI
	Zip	Zip 02881	
Secretary Name Ruth Jarrett		Treasurer Name Domenic Valentino	
Street Address 133 Terra Mar Dr		Street Address 158 Estelle Dr	
City N. Kingstown	State RI	City West Kingston	State RI
	Zip 02852	Zip 02892	
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 Malcolm Spaulding		Director Name Carol Reppucci	
Street Address 1674 Ministerial Rd		Street Address 215 Sunny Brook Farm Rd	
City Wakefield	State RI	City Narragansett	State RI
	Zip 02879	Zip 02882	
Director Name Glenda Kirby		Director Name Steve White	
Street Address 109 Cottrell Rd		Street Address P.O. Box 427	
City Saunderstown	State RI 02874	City West Kingston	State RI
	Zip	Zip 02892	
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
John Peterson			6/2/16
Signature of Officer/Authorized Representative			
SIGN DOCUMENT HERE			

FILED

JUN 06 2016
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