State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000111360

2. Name of Corporation SUCCESS FOR ALL FOUNDATION, INC.

3. State of Incorporation

State: MD

4. Corporate Address in Rhode Island

No. and Street: 450 VETERANS MEMORIAL PARKWAY
SUITE 7A
City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

IMPLEMENTATION OF EXTENSIVELY RESEARCHED AND PROVEN EDUCATIONAL PROGRAMS AIMED AT HIGH RISK ELEMENTARY SCHOOL STUDENTS, WITH THE PRIMARY PURPOSE OF DEVELOPING CONTEMPORY READING SKILLS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	NANCY MADDEN	300 E. JOPPA ROAD BALTIMORE, MD 21286 USA
TREASURER	NINA M LINK	300 E. JOPPA ROAD SUITE 500 BALTIMORE, MD 21286 USA
VICE PRESIDENT	LYNSEY SEABROOK	300 E. JOPPA ROAD

0-3862-0

		BALTIMORE, MD 21286 USA
DIRECTOR	MYRA WILLIAMS	300 E. JOPPA ROAD BALTIMORE, MD 21286 USA
DIRECTOR	ROBERT SLAVIN	300 E. JOPPA ROAD BALTIMORE, MD 21286 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 15 Day of June, 2016 at 1:15:07 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By NINA M. LINK
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved