



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>65570</u>		2. Exact name of the Corporation <u>Education Support Professionals</u>		
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>To develop and improve working conditions and self improvement</u>		
5. Principal Office Address <u>URI, Room 120 Rodman Hall</u>		City <u>Kingston</u>	State <u>RI</u>	Zip <u>02881</u>
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name <u>Linda J. Lowe</u>		Vice-President Name <u>Debra Coty</u>		
Street Address <u>2 Botka Drive</u>		Street Address <u>3867 A South County Trail</u>		
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	City <u>Kenyon</u>	State <u>RI</u> Zip <u>02836</u>
Secretary Name <u>Donna Hayden</u>		Treasurer Name		
Street Address <u>54 Sunset Avenue</u>		Street Address		
City <u>Waukefield</u>	State <u>RI</u>	Zip <u>02879</u>	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 <u>Linda J. Lowe</u> ↓ <u>President</u>		Director Name <u>Debra Coty</u>		
Street Address <u>2 Botka Drive</u>		Street Address <u>3867 A South County Trail</u>		
City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>	City <u>Kenyon</u>	State <u>RI</u> Zip <u>02836</u>
Director Name <u>Donna Hayden</u>		Director Name		
Street Address <u>54 Sunset Avenue</u>		Street Address		
City <u>Waukefield</u>	State <u>RI</u>	Zip <u>02879</u>	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.				
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>				
Name of Officer/Authorized Representative <u>Linda J. Lowe</u>			Date <u>6/10/16</u>	
Signature of Officer/Authorized Representative <u>Linda J. Lowe</u> SIGN DOCUMENT HERE				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JUN 15 2016

BY

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FORM 631 - Revised: 05/2016