



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 65570		2. Exact name of the Corporation Education Support Professionals	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To develop and improve working conditions and self improvement	
5. Principal Office Address URI, Room 120 Rodman Hall		City Kingston	State RI
		Zip 02881	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Linda J. Lowe		Vice-President Name Debra Coty	
Street Address 2 Botka Drive		Street Address 3867 A South County Trail	
City Charlestown	State RI	City Kenyon	State RI
Zip 02813		Zip 02836	
Secretary Name Donna Hayden		Treasurer Name	
Street Address 54 Sunset Avenue		Street Address	
City Waukefield	State RI	City	State
Zip 02879		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 Linda J. Lowe		Director Name Debra Coty	
Street Address 2 Botka Drive		Street Address 3867 A South County Trail	
City Charlestown	State RI	City Kenyon	State RI
Zip 02813		Zip 02836	
Director Name Donna Hayden		Director Name	
Street Address 54 Sunset Avenue		Street Address	
City Waukefield	State RI	City	State
Zip 02879		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 Linda J. Lowe			Date 6/10/16
Signature of Officer/Authorized Representative <i>Linda J. Lowe</i> 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 5833DS