



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

**Non-Profit Corporation
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. 000026551

2. Name of Corporation East Providence Education Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: WILLETT AVENUE

P.O. BOX 15421

City or Town: EAST PROVIDENCE

State: RI

Zip: 02915

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

TO COOPERATE WITH SCHOOL ADMINISTRATION AND TO SAFEGUARD AND
PROMOTE THE WELFARE OF THE TEACHER AND PUPILS OF THE PUBLIC SCHOOL OF
EAST PROVIDENCE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	NICHOLAS SHATTUCK	46 CADORNA ST EAST PROVIDENCE, RI 02915 USA

TREASURER	LYNDA NELSON	21 CEDARWOOD DR RIVERSIDE, RI 02915 USA
DIRECTOR	VALERIE LAWSON	122 HOYT AVE RUMFORD, RI 02916 USA
DIRECTOR	CRYSTAL MONTEIRO	22 LOCH LOMOND ROAD SEEKONK, MA 02771 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**

ROBERTA BRADY WILLETT AVENUE P.O. BOX 15421 EAST PROVIDENCE , RI 02915

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

Signed this 20 Day of June, 2016 at 3:56:58 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 LYNDA NELSON
Signature of Authorized Person

Form No. 631
Revised 09/07

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