



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>72038</u>		2. Exact name of the Corporation <u>San Ildefonso Education Center</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>To provide a high quality, holistic education for boys from diverse & challenging backgrounds.</u>			
5. Principal office address <u>505 Branch Ave</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02904</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

J. Michael Costello

Signature of Officer or Authorized Representative

Date

FILED

J. Michael Costello Treasurer

Print or Type Name of Officer or Authorized Representative

JUN 20 2016

BY 7581 DS

San Miguel Board of Directors 2016

Polly Handy, Chair
10 Fox Run
East Greenwich, RI 02818

Kate Motte, Vice Chair
1383 Narragansett Blvd
Cranston, RI 02905

Paul Mahoney, Vice Chair
124 Morris Ave
Providence, RI 02906

Michael Costello, Treasurer
767 Elmgrove Avenue
Providence, RI 02906

Dennis Leamy, Secretary
94 Brewster Street
Providence, RI 02906

Suzanne Hall, At-Large
23 Halsey Street
Providence, RI 02906

Kimberly Butler
28 Follett Street
Cumberland, RI 02864

Andrew Capalbo
4 Owings Stone Road
Barrington, RI 02806

Amie Kershaw
95 Massasoit Avenue

Cranston, RI 02905

Meredith MarcAurele
130 Fox Run
East Greenwich, RI 02818

Jason Pelkey
6 Greenbrier Drive
Barrington, RI 02806

Bert Cooper
92 Massasoit Avenue
Cranston, RI 02905

John T. Walsh
56 Alton Road
Providence, RI 02906

Jan Nagle
6 Rise-N-Shine Drive
Hope, RI 02831

Brother Michael Reis, FSC
Tides Family Service, 215
Washington Street
West Warwick, RI 02893

Patricia Vieira
3 Madison Circle
Rehoboth, MA 02769

Alan Weyland
DENA, 444A Rt. 35 South,
Eatontown, NJ 07724

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