



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. 000091889

2. Name of Corporation Rhode Islanders Sponsoring Education

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 143 PRAIRIE AVENUE
1ST FLOOR

City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 143 PRAIRIE AVENUE
1ST FLOOR

City or Town: PROVIDENCE State: RI Zip: 02905 Country: UNI

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

EXCLUSIVELY FOR CHARITABLE PURPOSES.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KEVIN VIGILANTE MD	ONE PRESERVE PARKWAY ROCKVILLE, MD 20852 USA
TREASURER	JOHNNIE CHACE	35 ORCHARD AVENUE PROVIDENCE, RI 02906 USA

VICE PRESIDENT	TIM FLANIGAN	127 HIGHLAND ROAD TIVERTON, RI 02878 USA
DIRECTOR	JONNY SKYE	143 PRAIRIE AVE PROVIDENCE, RI 02905 USA
DIRECTOR	EDWARD WING	143 PRAIRIE AVENUE, 1ST FLOOR PROVIDENCE, RI 02905 USA
DIRECTOR	TODD REED	143 PRAIRIE AVENUE, 1ST FLOOR PROVIDENCE, RI 02905 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**

JENNIFER SHIMKUS 143 PRAIRIE AVENUE, 1ST FLOOR PROVIDENCE , RI 02905

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

Signed this 21 Day of June, 2016 at 10:09:13 AM 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 JONNY SKYE
Signature of Authorized Person

Form No. 631
Revised 09/07