

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.

Entity ID Number	2. Exact name of the Corporation						
119767	ENGLISH FOR ACTION						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
RI	Adult Education: Language, leadership development and community building						
5. Principal Office Address			City	State	Zip		
PO Box 29405			Providence	RI	02909		
6. List ALL officers (names and	addresses)			Check the box to i	ndicate an attachment		
President Name Alicia Rusoja			Vice-President Name Catarina Lorenzo Antonio				
Street Address 4108 Howe St Apt A			Street Address 171 Rutherglen Ave. #3				
City Oakland	State CA	<sup>Zip</sup> 94611	City Providence	State RI	<sup>Zip</sup> 02907		
Secretary Name Eric Larson			Treasurer Name Julia McDowell				
Street Address 28 Sycamore St			Street Address 90 Eddy St. Apt. 303				
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02909	City Providence	State RI	<sup>Zip</sup> 02903		
7. List ALL directors (names and	addresses). F	RI Corporations MU	IST list at least THREE directo				
Director Name Alicia Rusoja			Director Name Catarina Lo		to indicate an attachment		
Street Address 4108 Howe St Apt A			Street Address 171 Rutherglen Ave. #3				
City Oakland	State CA	<sup>Zip</sup> 94611	City Providence	State RI	<sup>Zip</sup> <b>02907</b>		
Director Name Eric Larson			Director Name Julia McDowell				
Street Address 28 Sycamore St			Street Address 90 Eddy St. Apt. 303				
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02909	City Providence	State RI	<sup>Zip</sup> 02903		
8. Registered Agent in Rhode Isl	and. This inform	nation is currently of r	record in the Department of State.	Changes require filing	Form 641.		
Under penalty of perjury, I dec statements, and that all statem	lare and affirm ents containe	n that I have exan ed herein are true	nined this report, including a and correct.	ny accompanying	schedules and		
This report must be signed by either the P	resident, Vice-Pres	sident, Secretary, Assist	ant Secretary, Treasurer, duly Authorize	ed Representative, Rece	iver or Trustee.		
Name of Officer/Authorized Repr	Date						
Catarina Lorenzo Antonio	6/16/2016						
Signature of Officer/Authorized R	epresentative	SIGN DO	RE				

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 631 - Revised: 05/2016

Director Name Grace Gonzales Street Address 1010 Blvd Rafael Landívar Interior Paseo Cayalá, Ed R1-207, Zona 16			Director Name Carla Doughty Street Address 2705 Knox Ave N			
Director Nan		01010	Director Name		33411	
Street Address 16 Colesonian Dr.			Street Address			
City <b>Warwick</b>	State RI	Zip <b>02888</b>	City	State	Zip	