RI SOS Filing Number: 201601321190 Date: 07/06/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV

2016 JUL -6 AM 9:45

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	2. Exact name of the Corporation		
480957	Smart Test, Inc.		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
RI	To Prepare students for Standarized Tests and to improve their academic performance by tutoring after school programs.		
5. Principal Office Address	City	State	Zip
2187 Middle Road	East Greenwich	RI	02818

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Ming Shen			Vice-President Name: Paula Marandola		
Street Address: 2187 ~~April 67~~ Middle Road			Street Address: 531 Fruit Hill Ave.		
City: East Greenwich	State: RI	Zip: 02818	City: North Providence	State: RI	Zip: 02911
Secretary Name: Richard Purnel			Treasurer Name		
Street Address: 32 E. Manning Street			Street Address		
City: Providence	State: RI	Zip: 02906	City	State	Zip

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Paula Marandola			Director Name: Ming Shen		
Street Address: 531 Fruit Hill Ave.			Street Address: 2187 Middle Road		
City: North Providence	State: RI	Zip: 02911	City: East Greenwich	State: RI	Zip: 02818
Director Name: Jie Song			Director Name		
Street Address: 2187 Middle Rd.			Street Address		
City: East Greenwich	State: RI	Zip: 02818	City	State	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.

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

Name of Officer/Authorized Representative	Date
MING SHEN	7/6/2016

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED

JUL 06 2016

BY 278350

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