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.

1. Entity ID Number	2. Exact name of the Corporation
000080821	Rhode Island Guild of Home Teachers
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	To promote home school education and support educational freedom

5. Principal Office Address	City	State	Zip
601 Perry Hill Road	Coventry	RI	02816

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

President Name Jennifer Curry			Vice-President Name Lisa David		
Street Address 510 Weaver Hill Road			Street Address 9 High Street		
City West Greenwich	State RI	Zip 02817	City North Kingstown	State RI	Zip 02852
Secretary Name Stephanie Gaddis			Treasurer Name Samantha Short		
Street Address 601 Perry Hill Road			Street Address 160 Woodbine Road		
City Coventry	State RI	Zip 02816	City South Kingstown	State RI	Zip 02879

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

Director Name Kris Greene			Director Name Melonie Massa		
Street Address 2930 Tower Hill Road			Street Address 44 Stanton Ave		
City Saunderstown	State RI	Zip 02874	City Riverside	State RI	Zip 02915
Director Name Luisa DeSousa			Director Name		
Street Address 5 Sheppard Drive			Street Address		
City Warwick	State RI	Zip 02886	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
Stephanie Gaddis	6/13/16

Signature of Officer/Authorized Representative: Stephanie Gaddis SIGN DOCUMENT HERE

FILED
JUL 11 2016
BY 1514

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