



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. 139237		2. Exact name of the Corporation Middletown Education Collaborative			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Fundraising for education enrichment for Middletown, RI public schools.			
5. Principal office address 22 Longmeadow Ave.		City Middletown		State RI	Zip 02842
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Laura Huntoon			Vice-President Name Christine Witkos		
Street Address 64 Peckham Lane			Street Address 22 Longmeadow Ave		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Donna Chelf			Treasurer Name Monica Craig		
Street Address 31 Mail Coach Road			Street Address 178 Wyndham Hill Road		
City Portsmouth	State RI	Zip 02842	City Middletown	State RI	Zip 02842
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name Kellie DiPamla			Director Name Kareleen Reagan		
Street Address 18 Pocahontas Drive			Street Address 28 Acacia Drive South		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Elizabeth Behan			Director Name Gianna Carroll		
Street Address 110 Honeyman Ave			Street Address 74 Oak Forest Drive		
City Middletown	State ri	Zip 02842	City Middletown	State RI	Zip 02842
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.

Monica S Craig

11/28/2016

Signature of Officer or Authorized Representative

Date

Monica S Craig

Print or Type Name of Officer or Authorized Representative

DEC 01 2016

By 2200

ID 139237

NON-PROFIT CORPORATION ANNUAL REPORT
FOR THE YEAR 2016
Middletown Education Collaborative (#139237, EID 56-2456521)

Diane Alexander
169 Fayal Lane
Middletown, RI 02842

Pam Souza
7 Pocahontas Drive
Middletown, RI 02842

FILED

DEC 01 2016

By

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CC