RI SOS Filing Number: 201629031770 Date: 12/21/2016 4:00 PM

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
33449	East Providence Association of School Principals
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Public school

5. Principal Office Address	City	State	Zip
120 Silver Spring Ave Riverside RI 02915	Riverside	RI	02915

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

President Name: Michael Kirkutis			Vice-President Name		
Street Address: 120 Silver Spring Ave			Street Address		
City: Riverside	State: RI	Zip: 02915	City	State	Zip
Secretary Name: Kristina Duarte			Treasurer Name		
Street Address: 120 Silver Spring Ave			Street Address		
City: Riverside	State: RI	Zip: 02915	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: Fatima Alves			Director Name: Stephen Prew		
Street Address: 2680 Pawtucket Ave			Street Address: 2680 Pawtucket Ave		
City: East Prov	State: RI	Zip: 02914	City: East Prov	State: RI	Zip: 02914
Director Name: Cheryl Gibbs			Director Name		
Street Address: 145 Taunton Ave			Street Address		
City: East Prov.	State: RI	Zip: 02914	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
Michael Kirkutis	12/19/16

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED

DEC 21 2016

By 1002

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

146565-3-11250560

FORM 631 - Revised: 05/2016