



**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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2017**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000673194</b>		2. Exact name of the Corporation <b>Ridley-Lowell Business &amp; Technical Institute</b>	
3. Principal office address <b>193 Dogwood Lane</b>		City <b>Manhasett</b>	State <b>NY</b>
		Zip <b>11030</b>	
4. Business Phone No. <b>516-376-8327</b>		5. State of Incorporation <b>New York</b>	
6. Brief description of the character of business conducted in Rhode Island <b>Post Secondary Education Institute</b>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>Wilfred T Weymouth</b>		Vice-President Name <b>Norma B Weymouth</b>	
Street Address <b>193 Dogwood Lane</b>		Street Address <b>193 Dog wood Lane</b>	
City <b>Manhasett</b>	State <b>NY</b>	City <b>Manhasett</b>	State <b>NY</b>
Zip <b>11030</b>		Zip <b>11030</b>	
Secretary Name		Treasurer Name <b>Richard Griffis Jr.</b>	
Street Address		Street Address <b>116 Front Street</b>	
City	State	City <b>Binghamton</b>	State <b>NY</b>
Zip		Zip <b>13905</b>	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
Revised: 01/2012

**FILED**  
**APR 03 2017**

BY 6702 DS

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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative