



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000027904

**2. Name of Corporation** Inspiring Minds

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 763 WESTMINSTER STREET  
City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

RECRUITING VOLUNTEERS TO PROVIDE SUPPLEMENTARY EDUCATIONAL SERVICES  
IN THE PROVIDENCE SCHOOLS.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

| <b>Title</b>       | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------------|---|---|
| PRESIDENT          | ROBERT E. BAUTE, JR.                                  | 39 SELKIRK ROAD<br>CRANSTON, RI 02905 USA                         |
| TREASURER          | MICHEAL K MORAN                                       | 67 PIONEER CIRCLE<br>ATTLEBORO, MA 02703 USA                      |
| SECRETARY          | CAROL J. YOUNG  | 3 SYLVIA LANE<br>LINCOLN, RI 02865 USA                            |
| EXECUTIVE DIRECTOR | TERRI ADELMAN   | 2 RIDGEWOOD RD.<br>BARRINGTON, RI 02806 USA                       |
| DIRECTOR           | MARY COONEY   | 12 BAYVIEW AVENUE<br>NORTH KINGSTOWN, RI 02852 USA                |
| DIRECTOR           | LLOYD P. ALBERT                                       | 133 CAMDEN ROAD<br>NARRAGANSETT, RI 02882 USA                     |
| DIRECTOR           | RICHARD PAOLO   | 22 ANTHONY CIRCLE<br>NORTH ATTLEBORO, MA 02763 USA                |
| DIRECTOR           | JAMES SCHOMER   | 19 OYSTER POINT<br>WARREN, RI 02885 USA                           |
| DIRECTOR           | JANET R. ZURIER                                       | 140 PITMAN STREET<br>PROVIDENCE, RI 02906 USA                     |
| DIRECTOR           | LISA C. PIERCE  | 100 DORANCE ST., UNIT 510<br>PROVIDENCE, RI 02903 USA             |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ROBERT BAUTE, JR. 763 WESTMINSTER STREET PROVIDENCE , RI 02903

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

**Signed this 30 Day of May, 2017 at 10:36:31 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By ROBERT BAUTE, JR.  
Signature of Authorized Person

Form No. 631  
Revised 09/07