



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Non-Profit Corporation

- Filing period: June 1 - Jun. 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 793895		2. Exact name of the Corporation SCIENCE AND MATH INVESTIGATIVE LEARNING EXPERIENCES SMILE PROGRAM			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Educational after school program grades 4-12 in science math, engineering and technology			
4. NAICS Code 923110					
6. Principal Office Address 90 Lower College Rd room 1			City Kingston	State RI 02881	Zip
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Fred Frostic			Vice-President Name John Peterson		
Street Address 272 Rodman St			Street Address 44 Crestwood Dr		
City Wakefield	State RI	Zip 02879	City Kingston	State RI	Zip 02881
Secretary Name Ruth Jarrett			Treasurer Name Domenic Valentino		
Street Address 133 Terra Mar Dr			Street Address 158 Estelle Dr		
City N. Kingstown	State RI	Zip 02852	City West Kingston	State RI	Zip 02892
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Malcolm Spaulding			Director Name Carol Reppucci		
Street Address 1674 Ministerial Rd			Street Address 215 Sunny Brook Farm Rd		
City Wakefield	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
Director Name Glenda Kirby			Director Name Steve White		
Street Address 2000 Dowd Rd			Street Address P.O.Box 427		
City Carthage	State NC	Zip 28327	City West Kingston	State RI	Zip 02892
9. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <i>John Peterson</i>					Date <i>6/5/17</i>
Signature of Officer/Authorized Representative <i>[Signature]</i>					SIGN DOCUMENT HERE

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

FILED
 JUN 09 2017
 BY *YAG DS*