



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

1. Entity ID Number 486731		2. Exact name of the Corporation North Kingstown Educational Support Professionals			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To develop and improve working conditions for members and to create goodwill.			
4. NAICS Code 813930 - Labor Unions and S					
6. Principal Office Address 50 East Street		City North Kingstown	State R.I.	Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Linda D. Jolicoeur		Vice-President Name Joyce M. Hannon			
Street Address 14 Harding Road		Street Address 90 Oak Tree Drive			
City North Kingstown	State R.I.	Zip 02852	City North Kingstown	State R.I.	Zip 02852
Secretary Name Leslie A. Buckley		Treasurer Name Anne Marie T. Bianchi			
Street Address 43 Cole Drive		Street Address 22 Silverwood Drive			
City North Kingstown	State R.I.	Zip 02852	City North Kingstown	State R.I.	Zip 02852
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 Linda D. Jolicoeur		Director Name Leslie A. Buckley			
Street Address 14 Harding Road		Street Address 43 Cole Drive			
City North Kingstown	State R.I.	Zip 02852	City North Kingstown	State R.I.	Zip 0852
Director Name Anne Marie T. Bianchi		Director Name			
Street Address 22 Silverwood Drive		Street Address			
City North Kingstown	State R.I.	Zip 02852	City	State	Zip
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 Anne Marie T. Bianchi				Date June 17, 2017	
Signature of Officer/Authorized Representative <i>Anne Marie T. Bianchi</i>					

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

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