



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 <b>424920</b>		2. Exact name of the Corporation <b>Rhode Island Tutorial &amp; Educational Services, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Tutoring &amp; Educational Services</b>			
4. NAICS Code <b>611710</b>					
6. Principal Office Address <b>334 East Avenue</b>			City <b>Pawtucket,</b>	State <b>RI</b>	Zip <b>02860</b>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Jennifer Jencks</b>			Vice-President Name <b>Dana Osowiecki</b>		
Street Address <b>80 Walnut Street</b>			Street Address <b>139 Narragansett Avenue</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
Secretary Name <b>Debra Nassau</b>			Treasurer Name <b>Jennifer Jencks</b>		
Street Address <b>79 Middle Highway</b>			Street Address <b>80 Walnut Street</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name <b>See Attached Report</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.					
<b>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.</b>					
<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 <b>Halley Lavenstein</b>				Date <b>6/25/2017</b>	
Signature of Officer/Authorized Representative <i>Halley Lavenstein</i>					

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**JUN 28 2017**

BY 15707

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

## 2017 S.O.S. ANNUAL REPORT

Jennifer Jencks – **President & Treasurer (Address changing soon)**  
80 Walnut Street  
Seekonk, MA 02771

Dana Osowiecki – **Vice President**  
139 Narragansett Avenue  
Riverside, RI 02915

Debra Nassau – **Secretary**  
79 Middle Highway  
Barrington, RI 02806

### **Directors:**

Lisa Bigney  
10 Linden Drive  
Providence, RI 02906

Halley Lavenstein  
119 Massasoit Avenue  
Cranston, RI 02905

Robin Bertuglia  
280 Crownshield Avenue  
Uxbridge, MA 01569

Anish More  
166 Valley Street  
Apartment 6M 408  
Providence, RI 02909

Colleen Hendry  
267 Congress Street  
Woonsocket, RI 02895

Betsy Alper  
630 Joslin Road  
Harrisville, RI 02830

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