



**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.** 000059419

**2. Name of Corporation** The Highlander Institute

**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

6

813920

**4. Corporate Address in Rhode Island**

No. and Street: 166 VALLEY STREET  
BUILDING 3L SUITE 101

City or Town: PROVIDENCE

State: RI

Zip: 02909

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**

CONSULTING, TRAINING, REFERRAL & EDUCATIONAL SERVICES FOR CHILDREN  
WITH LANGUAGE-BASED LEARNING DISABILITIES

**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**Incorporator is no longer applicable; please delete**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> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN MUGGERIDGE	900 SALEM STREET SMITHFIELD, RI 02917 USA
TREASURER	ANDREA CASTANEDA	500 WESTOVER DRIVE #4470 SANFORD, NC 27330 USA
SECRETARY	WILLA PERLMAN	166 VALLEY STREET UNIT 6M-105 PROVIDENCE, RI 02909 USA
VICE PRESIDENT	BETH RABBIT	145 FRANKLIN STREET #1 ARLINGTON, MA 02474 USA
DIRECTOR	LINDA COHEN	RIVERFRONT LOFTS, #601 10 EXCHANGE COURT PAWTUCKET, RI 02860 USA
DIRECTOR	WENDY DREXLER	2 WILLOW WAY BARRINGTON, RI 02806 USA
DIRECTOR	KENNETH NIMLEY	407 NORTH 40TH STREET #307 PHILADELPHIA, PA 19104 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**

ROSE MARY GRANT 65 ATLANTIC AVENUE PROVIDENCE , RI 02907

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

**Signed this 27 Day of July, 2017 at 8:56:28 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 ERIN BROUILLETTE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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