



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000108869		2. Exact name of the Corporation ACADEMY SCIENCE CENTER, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO FURNISH AND OPERATE A SCIENCE EDUCATION CENTER			
5. Principal office address 5 Division Street			City East Greenwich	State RI	Zip 02818
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Suzanne O. Carcieri			Vice-President Name Donald L. Carcieri		
Street Address 115 Cottrell Road			Street Address 115 Cottrell Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name David W. Dumas			Treasurer Name Suzanne O. Carcieri		
Street Address 5 Division Street			Street Address 115 Cottrell Road		
City East Greenwich	State RI	Zip 02818	City Saunderstown	State RI	Zip 02874
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Donald L. Carcieri			Director Name Suzanne O. Carcieri		
Street Address 115 Cottrell Road			Street Address 115 Cottrell Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Director Name Carol E. Gibbons			Director Name Alison Carcieri-Cassidy		
Street Address 536 Cedar Avenue			Street Address 63 Hyland Avenue		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised: 05/2012

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.

David W. Dumas

07/27/2017

Signature of Officer

Date

David W. Dumas

Print or Type Name of Officer

Secretary

Title of Officer

FILED

JUL 28 2017

BY 309254 A.A