



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

Annual Report for the year: 2017
 Non-Profit Corporation

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- 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 485658	2. Exact name of the Corporation Education in Action
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island <i>Education in Action's mission is to provide hands on learning opportunities that educate + inspire youth for real world success.</i>
4. NAICS Code 61110	

6. Principal Office Address 35 Swiss Street	City Providence	State RI	Zip 02909
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name John Plummer			Vice-President Name Mark Male		
Street Address 10 Weybossett St			Street Address 2400 Post Road		
City Providence	State RI	Zip 02903	City Warwick	State RI	Zip 02879
Secretary Name FRANK PAOLA III			Treasurer Name Anthony Fernandes		
Street Address 500 Exchange St			Street Address 500 Exchange St		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name Ken Fish			Director Name John Plummer		
Street Address 171 Pine Glen Drive			Street Address Same as above		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name Mark Male			Director Name		
Street Address Same as above			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.

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.

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

Name of Officer/Authorized Representative FRANK PAOLA III	Date 8/23/17
Signature of Officer/Authorized Representative 	FILED AUG 23 2017

BY C18428626