



**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: 2018

1. Corporate ID No. 001669287

2. Name of Corporation Southeastern New England Educational and Charitable Foundation

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
813211

4. Corporate Address in Rhode Island

No. and Street: 1301 ATWOOD AVENUE
SUITE 215 N

City or Town: JOHNSTON State: RI Zip: 02919 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

THE PURPOSE OF THE CORPORATION IS: (I) TO IMPROVE ACCESS TO HIGHER EDUCATION INCLUDING, AS MUCH AS PRACTICABLE, FOR STUDENTS FROM RHODE ISLAND AND NEW LONDON COUNTY, CONNECTICUT, WITH AN INTEREST IN HISTORIC PRESERVATION OR ENVIRONMENTAL CONSERVATION; (II) TO WORK WITH HIGH SCHOOLS AND POST-SECONDARY INSTITUTIONS TO IDENTIFY STUDENTS AND PROGRAMS THAT WILL ADVANCE THE CORPORATION'S MISSION; (III) TO OFFER

GRANTS AND SCHOLARSHIPS TO QUALIFIED STUDENTS IDENTIFIED BY ACADEMIC INSTITUTIONS AND MEETING THE CORPORATION'S CRITERIA; (IV) TO ASSIST POST-SECONDARY INSTITUTIONS WITH PROGRAMS DESIGNED TO SUPPORT INDIVIDUALS IN THEIR PURSUIT OF HIGHER EDUCATION; AND (V) TO CARRY ON ANY OTHER LAWFUL ACTIVITY IN SUPPORT OF AND TO BENEFIT THE ABOVE PURPOSES AS MAY BE CARRIED ON BY AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, AND BY A CORPORATION UNDER THE RHODE ISLAND NONPROFIT CORPORATION ACT.

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SHARON JACKSON	19 MAYFIELD TERRACE EAST LYME, CT 06333 USA
TREASURER	STEPHEN JACKSON	19 MAYFIELD TERRACE EAST LYME, CT 06333 USA
SECRETARY	BERNARD A. JACKVONY	1301 ATWOOD AVENUE, SUITE 215 N JOHNSTON, RI 02919 USA
DIRECTOR	SHARON JACKSON	19 MAYFIELD TERRACE EAST LYME, CT 06333 USA
DIRECTOR	STEPHEN JACKSON	19 MAYFIELD TERRACE EAST LYME, CT 06333 USA
DIRECTOR	BERNARD A. JACKVONY	1301 ATWOOD AVENUE, SUITE 215 N JOHNSTON, RI 02919 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**

BERNARD A. JACKVONY NORTHWOODS OFFICE PARK 1301 ATWOOD AVENUE, SUITE 215 N
JOHNSTON , RI 02919

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

Signed this 1 Day of June, 2018 at 9:19:33 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 BERNARD A. JACKVONY
Signature of Authorized Person

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