



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

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 486731		2. Exact name of the Corporation North Kingstown Educational Support Professionals	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To develop and improve working conditions for members and to create goodwill.	
4. NAICS Code 813930 - Labor Unions and			
6. Principal Office Address 150 Fairway Drive		City North Kingstown	State R.I.
		Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Tina Bilodeau		Vice-President Name Susan Tavares	
Street Address 14 Boxwood Drive		Street Address 123 Forestwood Drive	
City West Kingston	State R.I.	City North Providence	State R.I.
Zip 02892		Zip 02904	
Secretary Name Caitlin Wosney		Treasurer Name Carole Taylor	
Street Address 4160 Post Road, Apt. 25		Street Address 6 Woodmont Drive	
City East Greenwich	State R.I.	City North Kingstown	State R.I.
Zip 02818		Zip 02852	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Tina Bilodeau		Director Name Susan Tavares	
Street Address 14 Boxwood Drive		Street Address 123 Forestwood Drive	
City West Kingston	State R.I.	City North Providence	State R.I.
Zip 02892		Zip 02904	
Director Name Caitlin Wosney		Director Name Carole Taylor	
Street Address 4160 Post Road, Apt. 25		Street Address 6 Woodmont Drive	
City East Greenwich	State R.I.	City North Kingstown	State R.I.
Zip 02818		Zip 02852	
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.			
<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 Carole A Taylor			Date June 12, 2018
Signature of Officer/Authorized Representative <i>Carole A Taylor</i>			

NON DOCUMENT 818

FILED

JUN 18 2018

BY