

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 fòrm is not filed	by July 30.				
1. Entity ID Number 486731	l l	2. Exact name of the Corporation North Kingstown Educational Support Professionals				
3. State of Incorporation	5. Brief desci	Brief description of the character of business conducted in Rhode Island				
Rhode Island	To develop	To develop and improve working conditions for members and to create goodwill.				
4. NAICS Code						
813930 - Labor Unions and	· • • • • • • • • • • • • • • • • • • •					
6. Principal Office Address			City	State	Zip	
150 Fairway Drive			North Kingstown	R.I.	02852	
7. List ALL officers (names a	nd addresses)			Check the box to ind:	cate an attachment	
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.	Z _{IP} 02892	City North Providence	State R.I.	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.	Zip 02818	City North Kingstown	State R.I.	Zip 02852	
	and addresses). RI (Corporations MUST	list at least THREE directors.	Check the box to indi	cate an attachment	
Director Name Tina Bilodeau			Director Name Susan Tavares			
Street Address 14 Boxwood Drive			Street Address 123 Forestwood Drive			
City West Kingston	State R.I.	Zip 02892	City North Providence	State R.I.	Zip 02904	
Director Name Caltlin Wosney			Director Name Carole Taylor			
Street Address 4160 Post Road, Apt. 25			Street Address 6 Woodmont Drive			
City East Greenwich	State R.I.	Z-p 02818	City North Kingstown	State R.L	Zip 02852	
9. Registered Agent in Rhode	e Island. This informati	on is currently of reco	ord in the Department of State. Chang	es require filing Form 6	41.	
Under penalty of perjury, I (statements, and that all sta			ed this report, including any ac nd correct.	companying sched	ules and	
This report must be signed by either t	the President, Vice-Preside	int, Secretary, Assistant	Secretary, Treasurer, duly Authorized Repre	esentative, Receiver or Tru	stee.	
Name of Officer/Authorized Representative				Date		
Carole A Taylor				June 12, 2018		
Signature of Officer/Authorize	ed Representative	MGN BOT	DUMENT BY FILED			
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 2: 2018 JUN 18 2018
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FORM 631 - Revised: 11/2017