



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JUN 20 PM 1:02

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 26670		2. Exact name of the Corporation ARABIC EDUCATIONAL FOUNDATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island PROVIDE SCHOLARSHIPS TO STUDENTS OF ACCREDITED INSTITUTIONS OF HIGHER LEARNING.			
4. NAICS Code 813211 - Grantmaking Foundat					
6. Principal Office Address P.O. BOX 312		City SCITUATE	State RI	Zip 02857	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANN M. SCHERZA		Vice-President Name DONNA RAHEB			
Street Address 22 GENTRY WAY		Street Address 1 DOWNS DRIVE			
City NORTH SCITUATE	State RI	Zip 02857	City LINCOLN	State RI	Zip 02865
Secretary Name KAYLA MARDO		Treasurer Name JANELLE KHOURY			
Street Address 11 WOODLAND STREET		Street Address 29 GARDEN STREET			
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name SHARON DESIMONE		Director Name THERESA McMICHAEL			
Street Address 80 ROCK RIDGE ROAD		Street Address 63 SUN VALLEY DRIVE			
City LINCOLN	State RI	Zip 02865	City CUMBERLAND	State RI	Zip 02864
Director Name TAMMY McMICHAEL		Director Name YOLANDA KARRAZ			
Street Address 6 FENNER GRANT LANE		Street Address 257 OLD RIVER ROAD			
City CUMBERLAND	State RI	Zip 02864	City LINCOLN	State RI	Zip 02865
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 ANN M. SCHERZA				Date 5/27/18	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JUN 20 2018

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26670

ATTACHMENT

2018 Annual Report

ARABIC EDUCATIONAL FOUNDATION

Additional Directors

Mireille Wehbe
702 Smithfield Road
North Providence, RI 02904

Debra Abboud
181 Rocky Hill Road
Smithfield, RI 02917

Fadia Khoury Kabak
86 Napoleon Street
Woonsocket, RI 02895