



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 164422		2. Exact name of the Corporation Educational Advocates of RI Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Educational Advocates	
4. NAICS Code 611710			
6. Principal Office Address 215 Washington St.		City W. Warwick	State RI
		Zip 02893	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael J. Capalbo		Vice-President Name Peter M. Capalbo	
Street Address 4 Flinstone Court		Street Address 5 Hill Top Dr.	
City E. Greenwich	State RI	Zip 02818	City E. Greenwich
			State RI
			Zip 02818
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
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 David Hart		Director Name Dominic Lancellotta	
Street Address 87 Meredith Dr.		Street Address 46 Elm Grove Ave	
City Cranston	State RI	Zip 02908	City Smithfield
			State RI
			Zip 02917
Director Name Gregory Amoroso		Director Name	
Street Address 46 North Hill St.		Street Address	
City E. Providence	State RI	Zip 02914	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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Michael J. Capalbo			Date
Signature of Officer/Authorized Representative <i>Michael J. Capalbo</i>			July 27, '18

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

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