



**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. 000026551

2. Name of Corporation East Providence Education Association

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
813930

4. Corporate Address in Rhode Island

No. and Street: WILLETT AVENUE

P.O. BOX 15421

City or Town: EAST PROVIDENCE

State: RI

Zip: 02915

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

TO COOPERATE WITH SCHOOL ADMINISTRATION AND TO SAFEGUARD AND PROMOTE THE WELFARE OF THE TEACHER AND PUPILS OF THE PUBLIC SCHOOL OF EAST PROVIDENCE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	NICHOLAS SHATTUCK	46 CADORNA ST EAST PROVIDENCE, RI 02915 USA
TREASURER	MICHAEL SILVA	60 CUSHMAN AVE EAST PROVIDENCE, RI 02914 USA
SECRETARY	CRISTINA CARLOTTI	8 SANDY POINT RD BARRINGTON, RI 02914 US
VICE PRESIDENT	JOEL SWAN	39 SCHOOL ST REHOBETH, MA 02769 USA
DIRECTOR	ANGELO PIZZI	19 MATHEW DR JOHNSTON, RI 02919 USA
DIRECTOR	LORI SOUZA	20 GREG DR BRISTOL, RI 02809 USA
DIRECTOR	KELLY VASEY	24 SANDY WAT CUMBERLAND, RI 02864 USA
DIRECTOR	MARIANNE WALSH	48 BOURNE AVE RUMFORD, RI 02916 USA
DIRECTOR	MICHELLE MACDONALD	19 NYE ST SEEKONK, MA 02771 USA
DIRECTOR	CHRISTIE HAMMONS	6 ROOSEVELT DR BRISTOL, RI 02809 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**

ROBERTA BRADY WILLETT AVENUE P.O. BOX 15421 EAST PROVIDENCE , RI 02915

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

Signed this 6 Day of August, 2018 at 4:32:55 PM 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 MICHAEL SILVA
Signature of Authorized Person

Form No. 631
Revised 09/07

