



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

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year:

Non-Profit Corporation

2019

2019 MAR 19 AM 11:26

→ 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 1684335		2. Exact name of the Corporation Whole Brain Learning	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Training, consulting, coaching on the effects of toxic stress. Training on Social-emotional learning & behavioral health.	
4. NAICS Code 624110			
6. Principal Office Address 886 Mineral Spring Ave		City Pawtucket	State RI Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kyle Quadros		Vice-President Name Korie Sanchez	
Street Address 150 Mant Vernon Blvd.		Street Address 98 Steele St	
City Pawtucket	State RI	City Providence	State RI Zip 02906
Secretary Name Tara Quadros		Treasurer Name Dan Lima	
Street Address 150 Mant Vernon Blvd		Street Address 136 Bliss St.	
City Pawtucket	State RI	City East Providence	State RI Zip 02914
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 Kyle Quadros		Director Name Korie Sanchez	
Street Address 150 Mant Vernon Blvd		Street Address 98 Steele St.	
City Pawtucket	State RI	City Providence	State RI Zip 02906
Director Name Tara Quadros		Director Name Dan Lima	
Street Address 150 Mant Vernon Blvd		Street Address 136 Bliss St	
City Pawtucket	State RI	City East Providence	State RI Zip 02914
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Kyle Quadros			Date 3/19/19
Signature of Officer/Authorized Representative 			

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

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