



Department of State - Business Services Division

FILED

MAY 15 2019

BY 1081 DS

Annual Report for the year: **2019**
 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 159725		2. Exact name of the Corporation Enki Education, inc.			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Train teachers and parents to use our materials and methodology in the education of elementary school students			
4. NAICS Code 611110 - Elementary and <input type="checkbox"/>					
6. Principal Office Address 112 Wentworth Avenue		City Cranston	State RI	Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Deborah Hussey		Vice-President Name William Nathan			
Street Address 207 Pelham Parkway		Street Address 786 Valley Road			
City New Rochelle	State NY	Zip 10805	City Upper Montclair	State NJ	Zip 07043
Secretary Name Blake Sutton		Treasurer Name Beth Sutton			
Street Address 112 Wentworth Avenue		Street Address 4401 Fairview Road			
City Cranston	State RI	Zip 02905	City Reno	State NV	Zip 89511
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 Deborah Hussey		Director Name William Nathan			
Street Address 207 Pelham Parkway		Street Address 786 Valley Road			
City New Rochelle	State NY	Zip 10805	City Upper Montclair	State NJ	Zip 07043
Director Name Blake Sutton		Director Name Beth Sutton			
Street Address 112 Wentworth Avenue		Street Address 4401 Fairview Road			
City 02905Cranston	State RI	Zip	City Reno	State NV	Zip 89511
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, duty Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Blake Sutton				Date 5-12-2019	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	