



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

Annual Report for the year: 2019
 Non-Profit Corporation

2019 MAY 28 AM 11:48

- 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 147764		2. Exact name of the Corporation Action For Talent Search Associations/Students	
3. State of Incorporation R.I		5. Brief description of the character of business conducted in Rhode Island Talent Training Domestic Managerial To advocate After School Programs, Elderly/Youth Education	
4. NAICS Code 813990			
6. Principal Office Address 16 Miller Avenue		City Providence	State R.I.
		Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Nellie S. Francis		Vice-President Name Winston N. Savice	
Street Address 16 Miller Avenue		Street Address 16 Miller Avenue	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Secretary Name Krystal W. Savice		Treasurer Name Jasmine A.M. Savice	
Street Address 16 Miller Avenue		Street Address 16 Miller Avenue	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
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 Nellie S. Francis		Director Name Bendu Massaquai	
Street Address 16 Miller Avenue		Street Address 16 Miller Avenue	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Director Name Krystal W. Savice		Director Name	
Street Address 16 Miller Avenue		Street Address	
City Providence	State RI	City	State
Zip 02905		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.			
<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 Nellie S. Francis			Date 5-26, 2019
Signature of Officer/Authorized Representative 			

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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