



Department of State - Business Services Division

FILED

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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 000793895		2. Exact name of the Corporation Science & Math Investigative Learning Experiences Pro			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To increase the number of minority and disadvantaged students who graduate high school well-prepared to enter higher education and pursue STEM careers.			
4. NAICS Code 611110 - Elementary and <input type="checkbox"/>					
6. Principal Office Address 90 Lower College Road, Room 1		City Kingston	State RI	Zip 02881	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Fred Frostic			Vice-President Name John Peterson		
Street Address 272 Rodman Street			Street Address 44 Crestwood Drive		
City Wakefield	State RI	Zip 02879	City Kingston	State RI	Zip 02881
Secretary Name Ruth Jarrett			Treasurer Name Fran Alexakos		
Street Address 133 Terra Mar Drive			Street Address 249 Woodruff Avenue		
City North Kingstown	State RI	Zip 02852	City Wakefield	State RI	Zip 02879
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 Malcolm Spaulding			Director Name Steve White		
Street Address 1674 Ministerial Road			Street Address PO Box 427		
City Wakefield	State RI	Zip 02879	City West Kingston	State RI	Zip 02892
Director Name Glenda Kirby			Director Name Augusto Gomes		
Street Address 2000 Dowd Road			Street Address 58 Brown Street		
City Carthage	State NC	Zip 28327	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.					
<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 John Peterson				Date 6/4/19	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
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