



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

Annual Report for the year:
 Non-Profit Corporation

2019

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- 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 001675087	2. Exact name of the Corporation Reach Out Strengthen Edify Supercede
3. State of Incorporation R.I.	5. Brief description of the character of business conducted in Rhode Island Social, Educational, Literary + Spiritual opportunities Plus; Individual - Advocacy + Guidance
4. NAICS Code 813410	

6. Principal Office Address 40 Leander St. Apt #122	City Providence	State R.I.	Zip 02909
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Kathryn TALERIKO			Vice-President Name Maria Victoria Rodriguez		
Street Address 40 Leander St Apt #122			Street Address 40 Leander St Apt #419		
City Prov.	State R.I.	Zip 02909	City Prov.	State R.I.	Zip 02909
Secretary Name KIRK TALERIKO			Treasurer Name Yolanda Fernandez		
Street Address 40 Leander St. Apt #122			Street Address 40 Leander St. Apt #219		
City Prov	State R.I.	Zip 02909	City Prov.	State R.I.	Zip 02909

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name Kathryn Taleriko			Director Name		
Street Address 40 Leander St Apt #122			Street Address		
City Prov.	State R.I.	Zip 02909	City	State	Zip
Director Name Kirk Taleriko			Director Name Maria Victoria Rodriguez		
Street Address 40 Leander St. Apt #122			Street Address 40 Leander St. Apt #419		
City Prov.	State R.I.	Zip 02909	City Prov.	State R.I.	Zip 02909

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 KIRK TALERIKO	Date 6/10/19
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Signature of Officer/Authorized Representative X Kirk Taleriko	FILED
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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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