



Department of State - Business Services Division

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.

FILED

JUN 10 2019

BY

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1. Entity ID Number 1658752		2. Exact name of the Corporation PROFESSIONAL ADULT DEVELOPMENT INSTITUTE			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 611310 - Colleges, Univer					
6. Principal Office Address 25 ESTEN AVENUE		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 PRINCESS METUGE			Vice-President Name		
Street Address 99 METROPOLITAN AVENUE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 ADRIANA OROZCO			Director Name KATHRYN QUINA		
Street Address 11 EAST STREET			Street Address 17 CASTLE DRIVE		
City CUMBERLAND	State RI	Zip 02864	City HOPE	State RI	Zip 02831
Director Name RUBEN HORACE			Director Name		
Street Address 3 ASYLUM ROAD			Street Address		
City WARWICK	State RI	Zip 02886	City	State	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 ADRIANA OROZCO				Date 06/05/2019	
Signature of Officer/Authorized Representative <i>Adriana Maria Orozco</i>				SIGN DOCUMENT HERE	