

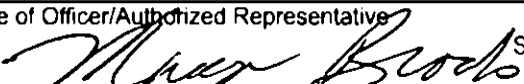



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JUN 28 PM 3:03

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 941605		2. Exact name of the Corporation Rhode Island Council for Economic Education			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Promoting economic education and financial literacy within the state of RI			
4. NAICS Code 611110 - Elementary and Secor					
6. Principal Office Address 7 Remington Street			City Warwick	State RI	Zip 02888
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Margaret Brooks			Vice-President Name Robert Brooks		
Street Address 7 Remington Street			Street Address 7 Remington Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name George Scott Guild			Treasurer Name Margaret Brooks		
Street Address 75 Prospect Street			Street Address 7 Remington Street		
City Wellesley	State MA	Zip 02481	City Warwick	State RI	Zip 02888
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 Margaret Brooks			Director Name Robert Brooks		
Street Address 7 Remington Street			Street Address 7 Remington Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name George Scott Guild			Director Name		
Street Address 75 Prospect Street			Street Address		
City Wellesley	State MA	Zip 02481	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 Margaret Brooks, President				Date 6-28-19	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE 	

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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By CA PH 8RF