



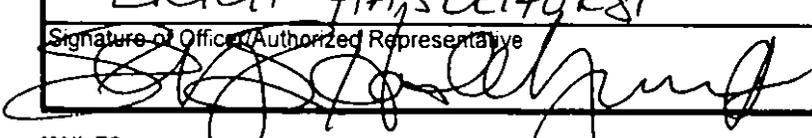
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
 Non-Profit Corporation

2019 JUL -8 PM 1:14

- 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 001682596		2. Exact name of the Corporation FOUR SCHOOLS RI	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PASS SCHOOL INFRASTRUCTURE BOND	
4. NAICS Code 611110			
6. Principal Office Address 410 SOUTHMAN STREET		City PROVIDENCE	State RI
		Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JOEVA GAINES		Vice President Name RAY CALOMBE	
Street Address 410 SOUTHMAN STREET 3rd floor		Street Address 410 SOUTHMAN STREET 2nd floor	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02903		Zip 02903	
Secretary Name CAROLYN MARK		Treasurer Name	
Street Address 410 SOUTHMAN STREET 3rd floor		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02903		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 RAY CALOMBE		Director Name JOEVA GAINES	
Street Address 410 SOUTHMAN STREET 3rd floor		Street Address 410 SOUTHMAN STREET 3rd floor	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02903		Zip 02903	
Director Name CAROLYN MARK		Director Name	
Street Address 410 SOUTHMAN STREET 3rd floor		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02903		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 ERICH HASLEHURST			Date 7/9/19
Signature of Officer/Authorized Representative 			FILED

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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