



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

Annual Report for the year:  
Non-Profit Corporation

2019

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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SECRETARY OF STATE  
CORPORATIONS DIV

2019 OCT 24 PM 1:43

1. Entity ID Number <u>000026551</u>		2. Exact name of the Corporation <u>East Providence Education Association</u>	
3. State of Incorporation <u>813930</u>		5. Brief description of the character of business conducted in Rhode Island <u>To incorporate with School Administration and to safeguard and promote the welfare of the teacher and pupils of the public school of East Providence</u>	
4. NAICS Code <u>RI</u>			
6. Principal Office Address <u>46 Cardona St.</u>		City <u>East Providence</u>	State <u>RI</u>
		Zip <u>02914</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Nicholas Shattock</u>		Vice-President Name <u>Joel Swan</u>	
Street Address <u>46 Cardona St</u>		Street Address <u>39 School Street</u>	
City <u>East Providence</u>	State <u>RI</u>	City <u>Rehobeth</u>	State <u>MA</u>
Zip <u>02914</u>		Zip <u>02769</u>	
Secretary Name <u>Cristina Carlotti</u>		Treasurer Name <u>Michael Silva</u>	
Street Address <u>8 Sandy Point Rd</u>		Street Address <u>60 Cushman Ave</u>	
City <u>Dorchester</u>	State <u>RI</u>	City <u>East Providence</u>	State <u>RI</u>
Zip <u>02914</u>		Zip <u>02914</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
Director Name <u>Angelo Pizzi</u>		Director Name <u>Lori Souza</u>	
Street Address <u>19 Matthew Dr.</u>		Street Address <u>20 Oreg Dr.</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>02809</u>	State <u>RI</u>
Zip <u>02919</u>		Zip <u>02809</u>	
Director Name <u>Kelly Vasey</u>		Director Name <u>Marianne Walsh</u>	
Street Address <u>21 Sand Way</u>		Street Address <u>48 Bourne Rd</u>	
City <u>Cumberland</u>	State <u>RI</u>	City <u>Rumford</u>	State <u>RI</u>
Zip <u>02864</u>		Zip <u>02916</u>	
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 <u>Nicholas Shattock</u>		Date <u>10-24-19</u>	
Signature of Officer/Authorized Representative <u>Nicholas Shattock</u>		FILED OCT 24 2019	

MAIL TO:  
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BY 0Jsm6

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Director Tarry Mollock

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Elementary Vice President

Deborah Brun

33 Vista Dr.

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