RI SOS Filing Number: 201925199570 Date: 10/24/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY DE STATE CORPORATIONS DIV 2019 OCT 24 PM 1:43

Annual Report for the year: 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.

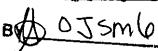
1. Entity ID Number	2. Exact name of the Corporation		
1	E A	. 1 61	
3. State of Incorporation	E Brief description of the	bridery Educa	tion Association
C130.30	l .	r of business conducted in Rhode Is	
4. NAICS Code	with school	Administration	and to
V. NAICS CODE	1 sate grand a	Administration	a wiffer in the
	teacher and pup	is of the public	school of East Privide
6. Principal Office Address		City	State Zip
46 Cadorna		Eart Providence	RI 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment			
Vicholas	Shortock	Vice-President Name	Swan
Street Address 46 Carde		Street Address	JWAN
City	State Zip	City O	cal Street
East Providence	LI 02914	City Rehobeth	State Zip D2769
Secretary Name	Carlosti	Treasurer Name	151
Street Address	0 . 0	Street Address	all Jiha
City a Saray	State Zin	60 (J	shman Auc
Decrimeton		City East Prolider	State et Zip 02914
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.			
Director Name		Director Name 1	eck the box to indicate an attachment
Street Address	1221	Lo	n Souza
Street Address	athew Dr.	Street Address 20	1 -08 DC
City Cranston	State Zip	City DD 809	State O J Zip
Director Name	L R 1 102919	Director Name	
Kelly	Vasey	MACIAN	ne Walsh
Street Address 2 1	and WAY	Street Address	2/10
City	State 0 - Zm		State of Zip
9. Registered Agent in Rhode Islan	d Tols information in a 2864	Runferd	1 K1 17291h I
The state of			
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 Repres			Date
Nicholas Signatura of Office 12 to 1	Shittel	FILED	10-24-19
Signature of Officer/Authorized Representative			
100 100 OCI 24 2019			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ni.gov



Director Michelle MacDonald

19 Nye St

Seekann MA 02771

Director Tarcy Morlock

100 Petnand Pike

Johnston, RI 02919

Elementary Vice President

Deborah Brun

33 Vista Dr.

Rumford RI 02116