State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

<b>Annual</b>	Report 1	for the	year:
Non-Pro	ofit Corp	oratio	n .

2019

RILDER STATE BUS SVE B

AMP
RECEIVED

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty Additional \$25.00 fee if form is not filed by July 30.

		· ·	` '' <del>3 '</del>	<u></u>		
Entity ID Number	2. Exact name of the Corporation		<del></del> </td <td></td>			
1688177	North Provide	ence Pto Grav	γ	<b>া</b>		
3. State of Incorporation	5. Brief description of the character	of business conducted in Rhode Is		<u> </u>		
RI		. 1 1	ephen Oli	l l		
4. NAICS Code	Elementary the	rent teacher	Organizati	00		
813410	<u> </u>					
6. Principal Office Address		City	State	Zip		
41 Angell Av	د	North Frou	RI	09911		
7. List ALL officers (names and add	iresses)	, Ch	eck the box to indicat	te an attachment		
President Name Carroll		Vice-President Name Tammu La Mountain				
Street Address 37 Marigol	ld Circle	Street Address 122 Dutchess Av				
	State Zip	City O	State	Zip		
North Prov.	POPPO IS	North Providence	<u> </u>	<u>0</u> 5904		
Secretary Name Janua Dapoli	tano	Treasurer Name				
Street Address Douglas	Ave	Street Address				
& Provaince	State RI Zip 02904	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						
Director Name Carroll	-	Director Name—Tamwwy	ha Mo	urtain		
Street Address	igold Circle	Street Address	1.000 001	LQ		
Chy noth Poor.	RI Zip DAP 04	City Cathe Page	State	Zip (>2909		
Director Name	Jamba	Director Name	oditono	<u>,                                    </u>		
Street Address		Street Address	\ _ Y	<u> </u>		
City Coll O	State Zip	1578 L	009 195 +	7i0 00 01		
140th Kou	100 100	14 Trov.	KI	zip OSO of		
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 Repres	sentative		Date	_		
Cony J. Carroll Jan. 17.200			3030			
Signature & Officer/Authorized Representative SIGN DOCUMENT HERE FILED						
I Imus C Council	•					

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB X 3 2020

BY TCWC X

1:13 FOR

FORM 631 - Revised: 06/2019