

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 631 Rev. 6/02

EODM MUCT BE TUBER O	O ODINTEO IN DI	1CVI				
1. Corporate ID No. 110575	OR PRINTED IN BLACK)  12. Name of Corporation  1 The Summer Institute			· · · · · · · · · · · · · · · · · · ·		
3. State of Incorporation			er deleman	TC:6	Zip	
RHODE ISLAND	4. Corporate address in Rhode Island -Street / 99 POWER STREET		· · · · · · · · · · · · · · · · · · ·		02906-	
5. Fareign corporation: Enla	ĭ		Ciry	State	Zip	
5. I dreign corporation. Ente	o principal typice and	reas	Chy	) Since	1	
6. Brief Description of the ch		tial and the	d in Blands Island			
	• **		S ON BUSINESS EDUCATIO	N.		
7. NAMES AND ADDRI	ESSES OF THE C	OFFICERS ("X" BOX FO	RATTACHMENT)  FILL IN SI	PACES BEFORE USING ATTA	ACHMENTS	
Michael W. Jouko	wsky		.None			
Sireet Address			Street Address	Sircei Address		
99 Power Street			:			
City	State	Zip	City	State	Zip	
Providence	RI	02906				
Secretary Name	• . • . • . • .	· · · · · · · · · · · · · · · · · · ·	Treasurer Name		,	
Michael W. Jouko	wsky		Michael W. Joul	cowsky		
Street Address			Street Address	•		
99 Power Street			.99 Power Street			
Ciry	State	Zip	City	State	Zip	
Providence	RI	02906	· Providence	RI	02906	
			Director Name			
Michael W. Jouko	wakv		•Sarah T. Dowli	ng		
Street Address	<del> </del>		, Street Address			
99 Power Street			'One Citizens P	laza, 8th Floor	~	
City	State	Zip	City	State	$Zip \hookrightarrow 1$	
Providence	RI	102906	Providence	RI	02903	
Director Name			Director Name	,		
Madeleine Telfey	/an		None			
Street Address			Street Address	Street Address		
99 Power Street			•		P;;	
City	State	Zip	City	State	N3ip	
Providence	RI	02906			9	
	T IN RHODE ISI	LAND -DO NOT ALTER-	Changes require filing o	f Form 641 -R.LGL 7-6-13	17-6-78	
Agent Name			Address		***	
SARAH T. DOWLING	S, ESQ.		1			
Address			City	Zip		
One Citizens Plaza, 8th Floor			Providence	02903	}	
This passed we sale also	and to total to a	ishan sha Duanidans Wi	- Dunidant Sugartem Ace	intant Connotons. Transcen	Pacainar or Tructor	
This report must be sig	gned in ink by e 	FILED	ce President, Secretary, Ass	isiani Secretary, Treasuro	er, Receiver or Trustee	
	1 0 5 7 5	_	Under penalty of po	erjury, I declare and affirm the	at I have examined	
		JUN 2 1 2005		ng any aocompanying schedul		
*110575 DNP 06/10	/05 04:30:11 PN	MBy   thu	and that all stateme	ents contained herein are true	and correct.	
File Daic June	21 7005		(Max l	11. / Clea	6-15-05	
( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (			Signature of Officer /Date			
Check No. 150 C 69436			MICHAEL W. JOUKOWSKY			
By: Km			Print or Type Name of	Print or Type Name of Officer		
			PRESIDENT /			

Title of Officer

#### **The Summer Institute**

ID No. 110575

2005 Non-Profit Annual Report

## **ADDENDUM TO ITEM 7**

# 7. <u>ADDITIONAL OFFICER</u>

TITLE

<u>NAME</u>

**ADDRESS** 

**Assistant Secretary** 

Madeleine Telfeyan

99 Power Street

Providence, RI 02903

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Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, R1 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2004</u> Filing Period: June 1 - June 30 Filing Fee: \$20.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 110575 The Summer Institute 3. State of Incorporation 4. Corporate address in Rhode Island -Street Address City Zip RHODE ISLAND 99 POWER STREET **PROVIDENCE** 02906-5. Foreign corporation: Enter principal office address State Zip 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO CONDUCT EDUCATIONAL MEETINGS WITH AN EMPHASIS ON BUSINESS EDUCATION. 7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) I FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Michael W. Joukowsky Street Address Street Address . 99 Power Street Cin State Zip City State Zip Providence RI 02906 Secretary Name Treasurer Name Michael W. Joukowsky Michael W. Joukowsky Street Address Street Address 99 Power Street .99 Power Street City State Ciry State Zip Žip Providence RI 02906 Providence RI 02906 8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3).R.I.G.L 7-6-23 Director Name Director Name Michael W. Joukowsky Sarah T. Dowling Street Address Street Address 99 Power Street 2300 Financial Plaza City State Zip State Zip Providence RI 02906 Providence RI 02903 Director Name Director Name Madeleine Telfeyan None Street Address Street Address 99 Power Street Cin State Zio Sinte Providence RI 02906 9. REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 641 -R.I.GL 7-6-13 / 7-6-78 Address SARAH T. DOWLING, ESQ. 2300 FINANCIAL PLAZA Address Ciny Zip **PROVIDENCE** 02903 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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.

Madden lefter	6-14-04
Madeleleine Telifupar	Date 1

Print or Type Name of Officer

Asst.

Form 631 Rev. 6/02

# The Summer Institute

ID No. 110575

# 2004 Non-Profit Annual Report

# ADDENDUM TO ITEM 7

# 7. <u>ADDITIONAL OFFICER</u>

TITLE

NAME

**ADDRESS** 

**Assistant Secretary** 

Madeleine Telfeyan

99 Power Street

Providence, RI 02903

299941\_1



#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Filing Period: June	l - June 30 • Filin	g Fcc: \$20.00	L REPORT FOR		2003
FORM MUST HE TYPED		····	<del> </del>		
I. Corporate ID No.	2. Name of Corpo.				
110575 3. State of Incorporation	The Summer Ins				
• •		ess in Rhode Island - Street	Address	City Providence	Zip 1 02906
RHODE ISLAND 99 Power Street  Foreign corporation. Enter principal office address			City	Siaic	12ip
N/A			(1)	, 5,6,7	(24)
S. Brief Description of the co	haracter of the affairs whi	th are actually conducted in	n Rhode Island.		<del></del>
			N BUSINESS EDUCATION.		
<del></del>					
7. NAMES AND ADDRE	ESSES OF THE OFFIC	ERS ("X" BOX FOR AT	TACHMENT) TILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
President Name		_	Vice President Name Madeleine Telfeyan		
Michael W. Joul	cowsky			:yan	
99 Power Street			Siren Address 99 Power Street		
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
cretary Nume ichael W. Joukowsky			Treasurer Name Michael W. Joukowsky		
Sireei Address			Street Address		
99 Power Street			99 Power Street		
Cuy Providence	State	Zip	Ciry	State	Zip
	RI	02906	Providence	RI	02906
i. NAMES AND ADDRE THE NUMBER OF D	SSES OF THE DIREC	TORS ("X" BOX FOR A MESTIC (BHODE ISLA	TTACHMENT) TILL IN THE NO. CORPORATION SHALL N	SPACES BEFORE USING	ATTACHMENTS
Director Name		in the second second	Director Name	O PE FESS TRAIT IDE	<u>EC (3). H.I.G.C. 7-0-2.</u>
Michael W. Jouk	rowsky				
irces Address	— – —	<del></del>	Madeleine Telfeyan		
99 Power Street	<u>.</u>		99 Power Street		
Ciry	State	Zip	City	State	Zip -
Providence	RI	02906	Providence	RI	02906
Director Name			Director Name		1 02900
Sarah T. Dowlin	ng				
ircet Address 2300 Financial Plaza			Street Address		
City	State	Zip	City	State	Zip
Providence	RI	02903			!,
D. REGISTERED AGEN Agent Name	IT IN RHODE ISLAND	- DO NOT ALTER - CI	nanges require filing of Form  # Address	641 - R.I.G.L. 7-6-13 / 7-6-7	78
SARAH T. DOWLING, E	ESQ	- <del> </del>	City	72	
				; Zip	
2300 FINANCIAL PLAZA			PROVIDENCE	i n:	2903-

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Madeleine Verfeyan June 16, 2003

Signature of Officer
Madeleine Telfeyan

Print or Type Name of Officer

Vice President

Title of Officer Form 631 Rev. 6/02



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

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## **NON-PROFIT CORPORATION**

Corporate ID Number <u>DNP-11</u>	10575	Annual Report for the year 2002		
1. The name of the corporation	n is The Summe	er Institute		
		of which it is incorporated is RHODE ISLAND orporation in this state is 2300 FINANCIAL PLAZA PROVIDENCE, RI		
and the name of its registe		state at that address is SARAH T. DOWLING, ESQ.  ly conducting in Rhode Island, briefly stated, isto_conduct		
	address of its pri	phasis on business education.  ncipal office in the state or other jurisdiction under the laws of which it is  N/A		
		ower Street, Providence, RI 02906		
7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)				
NAME	OFFICE	ADDRESS		
Michael W. Joukowsky Sarah T. Dowling Madeleine Telfeyan	_Director _Director _Director	99 Power Street, Providence, RI 02906  2300 Financial Plaza, Providence, RI 02903  99 Power Street, Providence, RI 02906		
Michael W. Joukowsky  Madeleine Telfeyan	President Vice-President	99 Power Street, Providence, RI 02906  99 Power Street, Providence, RI 02906		
Michael W. Joukowsky Michael W. Joukowsky	Secretary Treasurer	99 Power Street, Providence, RI 02906  99 Power Street, Providence, RI 02906		
Dated: 5/30/02		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.		
File Date: 4-6-02		The Summer Institute  Exact Name of Corporation		
		Title VICE PRESIDENT  (Report must be signed by an officer)		
Check No.: AAD  By: MF	-   -	Form No. 631 Revised 5/98		

iling Fee: \$20.00

# To be filed annually during the month of June

\* 300



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

# **NON-PROFIT CORPORATION**

Со	rporate ID Number <u>DNP-1</u>	10575	Annual Report for the year 2001	
1.	The name of the corporation is The Summer Institute			
2.	The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND			
3.	The state of the s			
	and the name of its registe	red agent in this s	tate at that address is SARAH T. DOWLING, ESQ.	
<b>4.</b> tic	The character of the affairs on all meetings with	which it is actual	ly conducting in Rhode Island, briefly stated, is to conduct educes on business education	
5	If a foreign corporation, the incorporated is		ncipal office in the state or other jurisdiction under the laws of which it is ${\rm N/A}$	
6.			ower Street, Providence, RI 02906	
7.			ficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the land) corporation shall not be less than three (3).)	
	NAME	OFFICE	ADDRESS	
Ex	hibit A attached	D:A		
	<del></del>	Director		
		Director Director		
Ex	hibit A attached	President		
		Vice-President		
	<del></del>	Secretary		
_		Treasurer		
Di	ated:	<u> </u>	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.	
	* 1 1 0 5 7 5	*	The Summer Institute  Exact Name of Corporation	
	FOR SECRETARY OF STATE USE		By I www.	
File	Date: 6-28-01	-   4	Title President (Report must be signed by an officer)	
Che	eck No.:	_	Form No. 631	
_	AME		Revised 5/98	

# EXHIBIT A The Summer Institute 2001 Annual Report

# **BOARD OF DIRECTORS**

Sarah T. Dowling Michael W. Joukowsky Madeleine Telfeyan 2300 Financial Plaza, Providence, RI 02903 99 Power Street, Providence, RI 02903 99 Power Street, Providence, RI 02903

# **OFFICERS**

<u>Title</u>	<u>Name</u>	Address
President	Michael W. Joukowsky	99 Power Street, Providence Rhode Island 02906
Secretary	Michael W. Joukowsky	99 Power Street, Providence Rhode Island 02906
Assistant Secretary	Madeleine Telfeyan	99 Power Street, Providence Rhode Island 02906
Treasurer	Michael W. Joukowsky	99 Power Street, Providence Rhode Island 02906