



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000164210

2. Name of Corporation Laurelmead Employees Education Fund

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813219

4. Corporate Address in Rhode Island

No. and Street: 355 BLACKSTONE BOULEVARD

City or Town: PROVIDENCE

State: RI Zip: 02906 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO ASSIST EMPLOYEES OF LAURELMEAD COOPERATIVE, INC. AND/OR THEIR CHILDREN IN THEIR PURSUIT OF EDUCATION (INCLUDING CONTINUING EDUCATION) WHETHER IT BE TECHNICAL OR ACADEMIC

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title

Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LAURA DURAND	355 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 USA
TREASURER	BETSY DIETRICH	355 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 USA
VICE PRESIDENT	DAVID GRANT	355 BLACKSTONE BLVD. #534 PROVIDENCE, RI 02906 USA
DIRECTOR	MAURINE TOBIN	355 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 USA
DIRECTOR	PAUL TWELVES	355 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 USA
DIRECTOR	MARTHA TUTTLE	355 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 USA
DIRECTOR	MARGARET MEGOWEN	355 BLACKSTONE BLVD. #324 PROVIDENCE, RI 02906 USA
DIRECTOR	GRACEMARY RUSSELL	355 BLACKSTONE BLVD. #537 PROVIDENCE, RI 02906 USA
DIRECTOR	EDWARD GAMMONS	355 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

BARBARA DEVENS 355 BLACKSTONE BOULEVARD PROVIDENCE , RI 02906

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 5 Day of January, 2021 at 8:58:56 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By LAURA DURAND
Signature of Authorized Person

Form No. 631
Revised 09/07