



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2020

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.

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|---|----------|--|--------------------------------|-------------|----------------|
| 1. Entity ID Number 001688353 | | 2. Exact name of the Corporation Rhode Islanders for Higher Education | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island To advocate on behalf of Higher Education issues and institutions | | | |
| 4. NAICS Code 611310 - Colleges, Universities, a | | | | | |
| 6. Principal Office Address 383 West Fountain Street, Suite 104 | | | City Providence | State RI | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name THOMAS SHEVLIN | | | Vice-President Name None | | |
| Street Address 24 HAMILTON AVENUE, RI 02835 U | | | Street Address | | |
| City JAMESTOWN | State RI | Zip 02835 | City | State | Zip |
| Secretary Name None | | | Treasurer Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 <input type="checkbox"/> | | | | | |
| Director Name JOHN J. SMITH | | | Director Name Thomas Shevlin | | |
| Street Address 33 KILBURN AVENUE | | | Street Address 24 Hamilton Ave | | |
| City LINCOLN | State RI | Zip 02865 | City Jamestown | State RI | Zip 02835 |
| Director Name PETER HAHN | | | Director Name None | | |
| Street Address 380 POST ROAD | | | Street Address | | |
| City WAKEFIELD | State RI | Zip 02879 | City | State | Zip |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641. | | | | | |
| <i>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.</i> | | | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i> | | | | | |
| Name of Officer/Authorized Representative Nancy L. Gillespie, Treasurer | | | | | Date 2-9-21 |
| Signature of Officer/Authorized Representative Nancy L. Gillespie, Treasurer | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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