



**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:** 2020

**1. Corporate ID No.** 000059419

**2. Name of Corporation** The Highlander Institute

**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

**4. Principal Office Address**

No. and Street: 166 VALLEY STREET BUILDING 3L SUITE 101  
BUILDING 3L SUITE 101

City or Town: PROVIDENCE

State: RI Zip: 02909 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 166 VALLEY STREET BUILDING 3L SUITE 101

City or Town: PROVIDENCE State: RI Zip: 02909 Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

CONSULTING, TRAINING, REFERRAL & EDUCATIONAL SERVICES FOR CHILDREN  
WITH LANGUAGE-BASED LEARNING DISABILITIES

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island**

Corporation shall not be less than 3.

| Title          | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country          |
|----------------|------------------------------------------------|---------------------------------------------------------------------|
| PRESIDENT      | JOHN MUGGERIDGE                                | 900 SALEM STREET<br>SMITHFIELD, RI 02917 USA                        |
| TREASURER      | SOUMANGUE BASSE                                | 8 GREENWOOD DRIVE<br>BARRINGTON, RI 02906 USA                       |
| OTHER OFFICER  | ERIN BROUILLETTE                               | 166 VALLEY STREET BUILDING 3L SUITE 101<br>PROVIDENCE, RI 02909     |
| VICE PRESIDENT | BETH RABBIT                                    | 145 FRANKLIN STREET #1<br>ARLINGTON, MA 02474 USA                   |
| DIRECTOR       | LINDA COHEN                                    | RIVERFRONT LOFTS, #601 10 EXCHANGE COURT<br>PAWTUCKET, RI 02860 USA |
| DIRECTOR       | WENDY DREXLER                                  | 2 WILLOW WAY<br>BARRINGTON, RI 02806 USA                            |
| DIRECTOR       | KENNETH NIMLEY                                 | 407 NORTH 40TH STREET #307<br>PHILADELPHIA, PA 19104 USA            |
| DIRECTOR       | WILLA PERLMAN                                  | 60 SHIP STREET<br>PROVIDENCE, RI 02903 USA                          |

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

ROSE MARY GRANT 166 VALLEY STREET BUILDING 3L SUITE 101 PROVIDENCE , RI 02909

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

**Signed this 22 Day of April, 2021 at 11:10:03 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 ERIN BROUILLETTE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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