



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2020

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

**FILED
STAMP
MAY 21 2021**
BY *[Signature]*

1. Entity ID Number 001698919		2. Exact name of the Corporation Citizens Exploring School Unification	
3. State of Incorporation Rhode Island		5. Description of the character of business conducted in Rhode Island. TO EXPLORE, DEFINE AND CONSIDER POTENTIAL EDUCATIONAL, EXTRACURRICULAR AND FINANCIAL BENEFITS OF MIDDLETOWN AND NEWPORT SCHOOL UNIFICATION.	
4. NAICS Code 61110			
6. Principal Office Address 240 Island Drive, #2		City Middletown	State RI
			Zip 02842
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
President Name Richard P Adams		Vice-President Name Ronald Heroux	
Street Address 240 Island Dr, Middletown RI		Street Address 51 Bay Ridge Drive	
City Middletown	State RI	City Middletown	State RI
Zip 02842		Zip 02842	
Secretary Name Janet K McCarthy		Treasurer Name William W. Leakas	
Street Address 18 Osprey Ct		Street Address 40 Dexter Ave	
City Middletown	State RI	City Middletown	State RI
Zip 02842		Zip 02842	
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 Richard P Adams		Director Name Janet McCarthy	
Street Address 240 Island Drive		Street Address 18 Osprey Court	
City Middletown	State RI	City Middletown	State RI
Zip 02842		Zip 02842	
Director Name Ronald Heroux		Director Name	
Street Address 51 Bay Ridge Drive		Street Address	
City Middletown	State RI	City	State
Zip 02842		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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.			
<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 Richard P Adams		Date 5/17/2021	
Signature of Officer/Authorized Representative <i>[Signature]</i>			

MAIL TO:
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Website: www.sos.ri.gov