



**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. 000026551

2. Name of Corporation East Providence Education Association

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: 46 CARDONA STREET

City or Town: EAST PROVIDENCE

State: RI

Zip: 02915

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO COOPERATE WITH SCHOOL ADMINISTRATION AND TO SAFEGUARD AND
PROMOTE THE WELFARE OF THE TEACHER AND PUPILS OF THE PUBLIC SCHOOL OF
EAST PROVIDENCE

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	NICHOLAS SHATTUCK	46 CADORNA ST EAST PROVIDENCE, RI 02915 USA
TREASURER	MICHAEL SILVA	60 CUSHMAN AVE EAST PROVIDENCE, RI 02914 USA
SECRETARY	CRISTINA CARLOTTI	8 MEADOWBROOK DR BARRINGTON, RI 02806 USA
VICE PRESIDENT	JOEL SWAN	39 SCHOOL ST REHOBOTH , MA 02769 USA
VICE PRESIDENT	DEBORAH BRUN	33 VISTA DR EAST PROVIDENCE, RI 02916 USA
DIRECTOR	MARIANNE WALSH	48 BOURNE AVE RUMFORD, RI 02916 USA
DIRECTOR	ANGELO PIZZI	54 MOUNTAIN LAUREL DR CRANSTON , RI 02920 USA
DIRECTOR	KELLY VASEY	24 SANDY WAY CUMBERLAND , RI 02864-3472 USA
DIRECTOR	LORI SOUZA	20 GREG DR BRISTOL, RI 02809-2821 USA
DIRECTOR	MICHELLE MACDONALD	19 NYE ST SEEKONK , MA 02771-6124 USA
DIRECTOR	TRACY MOLLOCK	100 PUTNAM PIKE JOHNSTON , RI 02919-2048 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

NICHOLAS SHUTTUCK 46 CARDONA STREET EAST PROVIDENCE , RI 02914

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

Signed this 14 Day of June, 2021 at 1:35:55 PM 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 MICHAEL SILVA
Signature of Authorized Person

Form No. 631
Revised 09/07