



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

Foreign Non-Profit
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. 001687654

2. Name of Corporation Kettering University

3. State of Incorporation

State: MI

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: 1700 UNIVERSITY AVE
City or Town: FLINT State: MI Zip: 48504 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 1700 UNIVERSITY AVE
City or Town: FLINT State: MI Zip: 48504 Country: UNI

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

ONLINE POST SECONDARY EDUCATION

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT K MCMAHAN	1700 UNIVERSITY AVENUE FLINT, MI 48504 USA
TREASURER	THOMAS W AYERS	1700 UNIVERSITY AVE FLINT, MI 48504 USA
SECRETARY	JESSE M LOPEZ	1700 UNIVERSITY AVE FLINT, MI 48504 USA
CHAIR	HENIO R ARCANGELI JR	1700 UNIVERSITY AVE FLINT, MI 48504 USA
VICE CHAIR	LIZABETH A ARDISANA	1700 UNIVERSITY AVE FLINT, MI 48504 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**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A 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 17 Day of June, 2021 at 3:25:26 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 THOMAS W. AYERS, TREASURER
Signature of Authorized Person

Form No. 631
Revised 09/07

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