



**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. 001672635

2. Name of Corporation Generation Teach Inc.

3. State of Incorporation

State: DE

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: 6 LIBERTY SQUARE, #2062

City or Town: BOSTON

State: MA

Zip: 02109

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 6 LIBERTY SQUARE NO. 2062

City or Town: BOSTON

State: MA

Zip: 02109

Country: UNI

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

AID AND PREPARE UNDERGRADUATE STUDENTS TO BE MORE SUCCESSFUL AND IMPACTFUL TEACHERS TO BENEFIT URBAN CLASSROOMS THE CORPORATION WILL RECUIT UNDERGRADUATES INTO TEACHING TRAIN THEM IN THE SKILLS NEEDED AND BEST PRACTICES PROVIDE HANDS ON TEACHINF EXPERIENCES SUPPORT PLACEMENT ASPIRING TEACHERS INTO TOP TEACHER PREPARATION PROGRAMSAND DEVELEOP COACHING AND LEADERSHIP OPPORTUNITIES THE CORPORATION WILL ACCOMPLISH THIS BY MANAGING AN ONLINE RECRUITMENT

**PORTAL AND RUNNING A SUMMER TRAINING PROGRAM EMERGING TEACHERS CAN
WORK WITH AND BE EVALUATED BY EXPERIENCED TEACHERS CREATING
LEADERSHIP OPPORTUNITIES FOR EXPERIENCED TEACHERS**

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT KARR	6 LIBERTY SQUARE #2062 BOSTON, MA 02109 USA
TREASURER	THACKSTON LUNDY	6 LIBERTY SQUARE #2062 BOSTON, MA 02109 USA
SECRETARY	SUZANNE KARR	6 LIBERTY SQUARE #2062 BOSTON, MA 02109 USA
DIRECTOR	TIM MCMANUS	6 LIBERTY SQUARE #2062 BOSTON, MA 02109 USA
DIRECTOR	SHAYNE SPALTEN	6 LIBERTY SQUARE #2062 BOSTON, MA 02109 USA
DIRECTOR	LAURA ZAHN	6 LIBERTY SQUARE #2062 BOSTON, MA 02109 USA
DIRECTOR	LAURA JOHNSON	6 LIBERTY SQUARE UNIT 2062 BOSTON, MA 02109 USA
DIRECTOR	JACKY MCCOY	6 LIBERTY SQUARE UNIT 2062 BOSTON, MA 02109 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**

BUSINESS FILINGS INCORPORATED 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 7 Day of July, 2021 at 4:33:51 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 BEE NANCE
Signature of Authorized Person

Form No. 631
Revised 09/07