RI SOS Filing Number: 202199501850 Date: 7/23/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
JUL 23 2021
BY 2191 DS

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Annual Report for the year: 2021
Non-Profit Corporation
→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
59435	**Chariho Association of Educational Support Personnel**
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To promote self improvement for members and to create goodwill between support personnel and members of the community.
4. NAICS Code: 611110 - Elementary and Seco	

6. Principal Office Address	City	State	Zip
455A Switch Rd	Wood River Jct	RI	02894

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Thomas Pirnie			Vice-President Name: Chris Calderone		
Street Address: 332 Old Mill Rd			Street Address: 32 East Park Ln		
City: Charlestown	State: RI	Zip: 02813	City: Kingston	State: RI	Zip: 02881
Secretary Name: Kimberly Delillo			Treasurer Name: Heather Card		
Street Address: 100 KG Ranch Rd			Street Address: 719 Alton Carolina Rd		
City: Hope Valley	State: RI	Zip: 02832	City: Charlestown	State: RI	Zip: 02813

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Thomas Pirnie			Director Name: Chris Calderone		
Street Address: 332 Old Mill Rd			Street Address: 32 East Park Ln		
City: Charlestown	State: RI	Zip: 02813	City: Kingston	State: RI	Zip: 02881
Director Name: Kimberly Delillo			Director Name: Heather Card		
Street Address: 100 KG Ranch Rd			Street Address: 719 Alton Carolina Rd		
City: Hope Valley	State: RI	Zip: 02832	City: Charlestown	State: RI	Zip: 02813

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.

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

Name of Officer/Authorized Representative	Date
Heather L Card - Treasurer	7/21/2021

Signature of Officer/Authorized Representative: Heather L Card

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020