



**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. 001675043

2. Name of Corporation The Bank Street College of Education

3. State of Incorporation

State: NY

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: 610 WEST 112TH STREET

City or Town: NEW YORK

State: NY

Zip: 10025

Country: USA

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

CONTRACT SERVICES FOR EDUCATIONAL CONSULTING FOR THE PROVIDENCE
PUBLIC SCHOOLS

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	SHAEL POLAKOW-SURANSKY	610 WEST 112TH STREET NEW YORK, NY 10025 USA
CFO	APARNA MURALIDHARAN	610 WEST 112 STREET

CHIEF OPERATING OFFICER

JUSTIN C. TYACK

NEW YORK, NY 10025 USA

610 WEST 112TH STREET
NEW YORK, NY 10025 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**

REGISTERED AGENTS INC. 47 WOOD AVE. STE 2 BARRINGTON , RI 02806

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

Signed this 22 Day of September, 2021 at 5:57:50 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 JUSTIN TYACK
Signature of Authorized Person

Form No. 631
Revised 09/07

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