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State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year:
Non-Profit Corporation

2021

NOV 01 2021

BY

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- 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 001698919		2. Exact name of the Corporation Citizens Exploring School Unification			
3. State of Incorporation Rhode Island		5. Description of the character of business conducted in Rhode Island. TO EXPLORE, DEFINE AND CONSIDER POTENTIAL EDUCATIONAL, EXTRACURRICULAR AND FINANCIAL BENEFITS OF MIDDLETOWN AND NEWPORT SCHOOL UNIFICATION.			
4. NAICS Code 61110					
6. Principal Office Address 240 Island Drive, Middletown, RI 02842			City Middletown	State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard P Adams			Vice-President Name Ronald Heroux		
Street Address 240 Island Dr, Middletown RI			Street Address 51 Bay Ridge Drive		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Janet K McCarthy			Treasurer Name William W. Leagas		
Street Address 18 Osprey Ct			Street Address 40 Dexter Ave		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard P Adams			Director Name Janet McCarthy		
Street Address 240 Island Drive			Street Address 18 Osprey Court		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Ronald Heroux			Director Name		
Street Address 51 Bay Ridge Drive			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
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 Richard P Adams				Date 10/1/21	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>					