



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2022

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
 APR 18 2022
 BY [Signature]

1. Entity ID Number 1719628		2. Exact name of the Corporation EDUCATE SK			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island EDUCATION AND ADVOCACY			
4. NAICS Code 813410					
6. Principal Office Address 287 WOODRUFF AVE.			City WAKEFIELD	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name C. GREGORY SWEET			Vice-President Name		
Street Address 287 WOOD RUFF AVE.			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Secretary Name			Treasurer Name ROLAND BENJAMIN		
Street Address			Street Address 37 ROCKLAND DR.		
City	State	Zip	City WAKEFIELD	State RI	Zip 02879
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 ALEX PETRUCCI			Director Name C. GREGORY SWEET		
Street Address 128A ROOMAN ST.			Street Address 287 WOODRUFF AVE.		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Director Name ROLAND BENJAMIN			Director Name		
Street Address 37 ROCKLAND DR.			Street Address		
City WAKEFIELD	State RI	Zip 02879	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 ROLAND BENJAMIN				Date 4/15/22	
Signature of Officer/Authorized Representative <u>[Signature]</u>					

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: 11/2021