



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.

1. Entity ID Number 000941605		2. Exact name of the Corporation The Rhode Island Council for Economic Education			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROMOTE ECONOMIC EDUCATION AND FINANCIAL LITERACY WITHIN THE STATE OF RHODE ISLAND THROUGH THE PROVISION OF TEACHER TRAINING PROGRAMS AND COMMUNITY OUTREACH			
4. NAICS Code 611110 - Elementary and Sec					
6. Principal Office Address 7 Remington Street		City Warwick	State RI	Zip 02888	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Margaret Brooks			Vice-President Name Robert Brooks		
Street Address 7 Remington Street			Street Address 7 Remington Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name George Scott Guild			Treasurer Name Margaret Brooks		
Street Address 75 Prospect Street			Street Address 7 Remington Street		
City Wellesley	State MA	Zip 02481	City Warwick	State RI	Zip 02888
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 Robert Brooks			Director Name Margaret Brooks		
Street Address 7 Remington Street			Street Address 7 Remington Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name George Scott Guild			Director Name		
Street Address 75 Prospect Street			Street Address		
City Wellesley	State MA	Zip 02481	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Margaret Brooks				Date 6/24/22	
Signature of Officer/Authorized Representative 					

FILED

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

JUN 24 2022
 BY AB S5STW