

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

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

FEB 10 2023

BY

21504

[Signature]

1. Entity ID Number 000424920		2. Exact name of the Corporation Rhode Island Tutorial & Educational Services, Inc.					
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Tutoring & Educational Services					
4. NAICS Code 624190 - Other Individual and <input type="checkbox"/>							
6. Principal Office Address 334 East Avenue				City Pawtucket		State RI	
				Zip 02860			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Kathy Gann				Vice-President Name Paige Magratten			
Street Address 44 Forest View Drive				Street Address 75 Lorraine Avenue			
City North Providence		State RI		Zip 02904		City Providence	
						State RI	
						Zip 02906	
Secretary Name Caroline Ricci				Treasurer Name Halley Lavenstein			
Street Address 121 Farnum Avenue				Street Address 119 Massasoit Avenue			
City North Providence		State RI		Zip 02911		City Cranston	
						State RI	
						Zip 02905	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>							
Director Name				Director Name			
Street Address				Street Address			
City		State		Zip		City	
						State	
						Zip	
Director Name				Director Name			
Street Address				Street Address			
City		State		Zip		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.							
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>							
Name of Officer/Authorized Representative Lisa Bigney						Date 1/13/2023	
Signature of Officer/Authorized Representative <i>Lisa Bigney</i>						1/13/2023	

ID 424920

-Kathy Gann Ph.D.
44 Forest View Drive
North Providence, RI 02904-3029

-Debra Nassau
79 Middle Highway
Barrington, RI 02806

-Paige Magratten
75 Lorraine Ave
Providence RI 02906

-Susan Lena
1 West Exchange St. #2007
Providence, RI 02903

-Betsy Alper
630 Joslin Road
Harrisville RI 02830

Kelly Mance
233 Ironhound Drive
Troy, Virginia 22974

-Bernie Blumenthal
85 Kimberly Lane North
Cranston, RI 02921

-Anthony Gianfrancesco
70 Superior View Blvd.
North Providence, RI 02911

-Stanley Reuter
90 Jefferson Drive
East Greenwich, RI 02818

-Caroline Ricci
121 Farnum Avenue
North Providence, RI 02911

-Eric Santos
8 Astrid Way
Sandwich, MA 02563

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