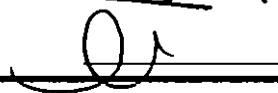
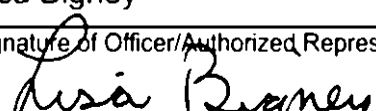


**FILED**

FEB 10 2023  
 BY 21504  


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.

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

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

**FILED**

FEB 10 2023

BY

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