



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 MAY -9 P 12:51

1. Entity ID Number 001703302		2. Exact name of the Corporation RI Families Education Support Group (RIFesg)	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Our organization assist low income families and their kids through trainings & Job Assistance	
4 NAICS Code 813110			
6. Principal Office Address 1800D Mineral Spring Ave #195		City North Providence	State RI
		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Pete Z. Siaway		Vice-President Name	
Street Address P.O. Box 23021		Street Address	
City Providence	State RI	Zip 02903	
Secretary Name Jackson H. Karmoh		Treasurer Name	
Street Address 74 Perkin St		Street Address	
City Providence	State RI	Zip 02908	
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 Pete Z. Siaway		Director Name Leslie K. Delaney	
Street Address P.O. Box 23021		Street Address 5210 44th Ave	
City Providence	State RI	Zip 02903	City Fargo
			State ND
			Zip 58104
Director Name Jackson H. Karmoh		Director Name	
Street Address 74 Perkin St		Street Address	
City Providence	State RI	Zip 02908	
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 Pete Z. Siaway		MAILED 1251	Date 05-9-2023
Signature of Officer/Authorized Representative 		MAY 09 2023 BY Y6 D88	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov