|   | State of Rhode                             |                               | Fee: \$20.00        |  |
|---|--|-------------------------------|---------------------|--|
| 🖌 🔶 🔪   | Office of the Secret<br>Division Of Busine | •                             |                     |  |
|   | 148 W. River                               |                               |                     |  |
|   | Providence RI 02                           |                               |                     |  |
| 7636  | (401) 222-3                                | 040                           |                     |  |
| Non-Profit Corporation<br>Annual Report<br>Filing Period: February 1 - Ma   | y 1  |                               |                     |  |
| In accordance with R.I.G.L. 7-<br>annual report within the time p<br>penalty fee of \$25.00.  |  |                               |                     |  |
| ANNUAL REPORT YEAR - EN   | ITER THE <u>CURRENT</u> FILING             | YEAR <b>2023</b> : <u>202</u> | 23                  |  |
| 1. Corporate ID No. 000150362   |  |                               |                     |  |
| 2. Name of Corporation Ace Mentor Program of Rhode Island, Inc.   |  |                               |                     |  |
| 3. State of Incorporation   |  |                               |                     |  |
| State: <u>RI</u>  |  |                               |                     |  |
|   | ARTICLE III                                |                               |                     |  |
| Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u> |  |                               |                     |  |
| NAICS Code  |  |                               |                     |  |
| <u>813930</u>   |  |                               |                     |  |
| 4. Principal Office Address   |  |                               |                     |  |
| No. and Street: POI   | DOX 5722                                   |                               |                     |  |
| 1.0.1   | BOX 5722<br>VIDENCE State: <u>RI</u>       | Zip: <u>02903</u>             | Country: <u>USA</u> |  |
| 5. Brief Description of the Character of the Affairs Conducted in Rhode Island  |  |                               |                     |  |
| TO INFORM HIGH SOUC   |  |                               | CUITECTUDE          |  |
| TO INFORM HIGH SCHOOL STUDENTS ABOUT CAREERS IN ARCHITECTURE,<br>CONSTRUCTION AND ENGINEERING   |  |                               |                     |  |
|   |  |                               |                     |  |
| 6. Names and Addresses of   | the Officers and Directors:                |                               |                     |  |
| 6. Names and Addresses of<br>All Directors and Officers m<br>Island Corporation shall not   | ust be listed individually. T              | he number of DIR              | ECTORS of a Rhode   |  |

|                           | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country              |  |
|---------------------------|-----------------------------|--|--|
| TREASURER                 | LANCE ALEKSIEWICZ P.E.      | 1223 MINERAL SPRING AVENUE<br>NORTH PROVIDENCE, RI 02904 USA |  |
| SECRETARY                 | TAMI HUGHES                 | 111 CHESTNUT STREET<br>PROVIDENCE, RI 02903 USA              |  |
| VICE PRESIDENT/VICE CHAIR | ALEX MENDOZA                | 7 JACKSON WALKWAY<br>PROVIDENCE, RI 02903 USA                |  |
| PRESIDENT/CHAIR           | CHRIS JANSINSKI             | 50 CONGRESS STREET, SUITE 340<br>BOSTON, MA 02109 USA        |  |
| DIRECTOR                  | JIM BARNES                  | 84 MELROSE STREET<br>PROVIDENCE, RI 02907 USA                |  |
| DIRECTOR                  | KAYLA MURGO                 | 415 WICKENDEN STREET, APT. 3<br>PROVIDENCE, RI 02903 USA     |  |
| DIRECTOR                  | SARAH SARAFIAN              | 7 JACKSON WALKWAY<br>PROVIDENCE, RI 02903 USA                |  |
| DIRECTOR                  | WALTHER MORALES RIOS        | GROVE AVENUE, APT. 2<br>CRANSTON, RI 02910 USA               |  |
| DIRECTOR                  | AARON BISHOP                | 141 GANO STREET<br>PROVIDENCE, RI 02906 USA                  |  |
| DIRECTOR                  | JOE RAPOSO                  | 141 GANO STREET<br>PROVIDENCE, RI 02906 USA                  |  |
| DIRECTOR                  | DAVID AHLBORN               | 216 HOPE STREET<br>PROVIDENCE, RI 02906 USA                  |  |
| DIRECTOR                  | LARRY TRIM                  | 2 FAIRWAY DRIVE<br>BARRINGTON, RI 02806 USA                  |  |
| DIRECTOR                  | KIM REALL                   | 325 PUBLIC STREET<br>PROVIDENCE, RI 02905 USA                |  |
| DIRECTOR                  | GREG LARAMIE                | 1 OLD FERRY ROAD<br>BRISTOL, RI 02809 USA                    |  |

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

HASLAW, INC. 100 WESTMINSTER STREET, SUITE 1500 C/O HINCKLEY, ALLEN & SNYDER LLP PROVIDENCE , RI 02903

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 24 Day of May, 2023 at 7:04:39 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.* 

By /LANCE ALEKSIEWICZ/

Signature of Authorized Person

Form No. 631 Revised 09/07

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