



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
JUN 05 2023
BY *[Signature]*

1. Entity ID Number 59435		2. Exact name of the Corporation Chariho Association of Educational Support Personnel			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote self improvement for members and to create goodwill between support personnel and members of the community.			
4. NAICS Code 611110 - Elem/Sec					
6. Principal Office Address 455A Switch Rd			City Wood River Jct.	State RI	Zip 02894
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Chris Calderone			Vice-President Name N/A		
Street Address 32 East Park Ln			Street Address		
City Kingston	State RI	Zip 02881	City	State	Zip
Secretary Name Kimberly Delillo			Treasurer Name Heather Card		
Street Address 100 KG Ranch Rd			Street Address 719 Alton Carolina Rd		
City Hope Valley	State RI	Zip 02832	City Charlestown	State RI	Zip 02813
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 Chris Caledrone			Director Name		
Street Address 32 East Park Ln			Street Address		
City Kingston	State RI	Zip 02881	City	State	Zip
Director Name Kimberly Delillo			Director Name Heather Card		
Street Address 100 KG Ranch Rd			Street Address 719 Alton Carolina Rd		
City Hope Valley	State RI	Zip 02832	City Charlestown	State RI	Zip 02813
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 Heather L Card - Treasurer					Date 5/30/23
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
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