



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023: 2023**

**1. Corporate ID No.** 001687654

**2. Name of Corporation** Kettering University

**3. State of Incorporation**

State: MI

**NAICS CODE**

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 [click here](#).

NAICS Code  
611310

**4. Principal Office Address**

No. and Street: 1700 UNIVERSITY AVE

City or Town: FLINT

State: MI

Zip: 48504

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

ONLINE POST SECONDARY EDUCATION

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	ROBERT K MCMAHAN	1700 UNIVERSITY AVENUE FLINT, MI 48504 USA
SECRETARY	JESSE M LOPEZ	1700 UNIVERSITY AVE FLINT, MI 48504 USA
CHAIR	LIZABETH A ARDISANA	1700 UNIVERSITY AVE FLINT, MI 48504 USA
VICE CHAIR	WALTER G BORST	1700 UNIVERSITY AVE FLINT, MI 48504 USA
VICE PRESIDENT	MARSHA BEWERSDORF	1700 UNIVERSITY AVE FLINT, MI 48423 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**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A  
EAST PROVIDENCE , RI 02914

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

**Signed this 19 Day of July, 2023 at 2:29:23 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 MARTHA DAVIS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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