




State of Rhode Island
Department of State - Business Services Division

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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 000159725		2. Exact name of the Corporation Enki Education, Inc.			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Train teachers and parents to use our materials and methodology in the education of elementary school children			
4. NAICS Code 611110					
6. Principal Office Address 15195 Pinion Drive			City Reno	State NV	Zip 89521
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Deborah Hussey			Vice-President Name William Nathan		
Street Address 207 Pelham Parkway			Street Address 786 Valley Road		
City New Rochelle	State NY	Zip 10805	City Upper Montclair	State NJ	Zip 07043
Secretary Name Blake Sutton			Treasurer Name Blake Sutton		
Street Address 15195 Pinion Drive			Street Address 15195 Pinion Drive		
City Reno	State NV	Zip 89521	City Reno	State NV	Zip 89521
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 Deborah Husey			Director Name William Nathan		
Street Address 207 Pelham Parkway			Street Address 786 Valley Road		
City New Rochelle	State NY	Zip 10805	City Upper Montclair	State NJ	Zip 07043
Director Name Blake Sutton			Director Name Beth Sutton		
Street Address 15195 Pinion Drive			Street Address 15195 Pinion Drive		
City Reno	State NV	Zip 89521	City Reno	State NV	Zip 89521
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 Blake Sutton					Date 10-3-2023
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY 65268
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FORM 631- Revised: 04/2023