



**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 001745764		2. Exact name of the Corporation INTERNATIONAL EDUCATION DEVELOPMENT						
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE FINANCIAL AID FOR INTERNATIONAL STUDENTS FROM INDONESIA						
4. NAICS Code 813319								
6. Principal Office Address 149 Kings Ridge RD.				City South Kingston		State RI	Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>								
President Name Christina Ross			Vice-President Name Brook Ross					
Street Address 149 Kings Ridge RD.			Street Address 149 Kings Ridge RD.					
City South Kingston		State RI	Zip 02879		City South Kingston		State RI	Zip 02879
Secretary Name			Treasurer Name					
Street Address			Street Address					
City		State	Zip		City		State	Zip
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 Christina P. Ross			Director Name Brook Ross					
Street Address 149 Kings Ridge RD.			Street Address 149 Kings Ridge RD.					
City South Kingston		State RI	Zip 02879		City South Kingston		State RI	Zip 02019
Director Name Christina Ross			Director Name					
Street Address 149 Kings Ridge RD.			Street Address					
City South Kingston		State RI	Zip 02879		City		State	Zip
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 Christina Ross						Date 12/21/2023		
Signature of Officer/Authorized Representative CHRISTINA ROSS						<div style="display: flex; justify-content: space-around; align-items: center;"> <div>MS FILED 1/14/24</div> <div>JAN 26 2024</div> </div>		

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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