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**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year:** 2024  
**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 <b>001703302</b>		2. Exact name of the Corporation <b>RI families Education Support Group (RIFesg)</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Our organization assist low income families</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>1800D Mineral Spring Ave #195</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Pete Z. Saway</b>			Vice-President Name		
Street Address <b>P.O. Box 23021</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name <b>Jackson H. Karmoh</b>			Treasurer Name		
Street Address <b>74 Perkin St</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Pete Z. Siaway</b>			Director Name <b>leslie K. Delaney</b>		
Street Address <b>P.O. Box 23021</b>			Street Address <b>5210 44th Ave</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>fargo</b>	State <b>ND</b>	Zip <b>58104</b>
Director Name <b>Jackson H. Karmoh</b>			Director Name		
Street Address <b>74 Perkin St</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Pete Saway</b>					Date <b>03-04-24</b>
Signature of Officer/Authorized Representative 					

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

**FILED**

**MAR 04 2024**  
**BY ML PZEHA** FORM 631- Revised 04/2023