



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.

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1. Entity ID Number 001703302		2. Exact name of the Corporation RI families Education Support Group (RIFesg)			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Our organization assist low income families			
4. NAICS Code 813110					
6. Principal Office Address 1800D Mineral Spring Ave #195			City North Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Pete Z. Saway			Vice-President Name		
Street Address P.O. Box 23021			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Jackson H. Karmoh			Treasurer Name		
Street Address 74 Perkin St			Street Address		
City Providence	State RI	Zip 02908	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 Pete Z. Siaway			Director Name leslie k. Delaney		
Street Address P.O. Box 23021			Street Address 5210 44th Ave		
City Providence	State RI	Zip 02903	City fargo	State ND	Zip 58104
Director Name Jackson H. Karmoh			Director Name		
Street Address 74 Perkin St			Street Address		
City Providence	State RI	Zip 02908	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 Pete Saway					Date 03-04-24
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