



**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

**Non-Profit Corporation
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 YEAR 2024: 2024

1. Corporate ID No. 001730243

2. Name of Corporation NIA Learning Academy, Inc

3. State of Incorporation

State: RI

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

611110

4. Principal Office Address

No. and Street: 11 CHRISTINE DR

City or Town: BARRINGTON

State: RI

Zip: 02806

Country: US

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

TO PROVIDE PROFESSIONAL LEARNING SERVICES PURSUANT TO TITLE 16 OF THE
RI
GENERAL LAWS AND ALSO EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL
PURPOSES
UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	CASSI FIELDS	4189 BRIARCLIFF CIRCLE BOCA RATON, FL 33496 USA
DIRECTOR	MARKEISE RUSSELL	1010 ARBOR CT MOUNT PROSPECT, IL 60056 USA
DIRECTOR	JASON ROTH	11 CHRISTINE DR BARRINGTON, RI 02806 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

JASON ROTH 11 CHRISTINE DRIVE BARRINGTON , RI 02806

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 April, 2024 at 9:34:23 AM 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 JASON ROTH
Signature of Authorized Person

Form No. 631
Revised 09/07

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