



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.

FILED

APR 23 2024

BY 1681
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1. Entity ID Number 000793895		2. Exact name of the Corporation Science & Math Investigative Learning Experiences Smile Program			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island to increase the number of educationally disadvantaged students who graduate from high school well prepared to enter higher education and pursue careers in science, technology, engineering and math			
4. NAICS Code 611110					
6. Principal Office Address 90 Lower College Road, Room 001			City Kingston	State RI	Zip 02881
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Peterson			Vice-President Name William Koconis		
Street Address 44 Crestwood Drive			Street Address 79 Upper College Road		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Secretary Name Frances Alexacos			Treasurer Name Ruth Jarrett		
Street Address 249 Woodruff Avenue			Street Address 133 Terre Msr Drive		
City Wakefield	State RI	Zip 02879	City North Kingstown	State RI	Zip 02852
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 Glenda Kirby			Director Name Malcolm Spaulding		
Street Address 2000 Dowd Road			Street Address 1674 Ministerial Road		
City Carthage	State NC	Zip 28327	City Wakefield	State RI	Zip 02879
Director Name Augusto Gomes			Director Name		
Street Address 58 Brown Street			Street Address		
City East Providence	State RI	Zip 02914	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <u>Carol Englander</u>				Date <u>4/16/2024</u>	
Signature of Officer/Authorized Representative <u>Carol Englander</u>					

MAIL TO:
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