RI SOS Filing Number: 202453111810 Date: 4/29/2024 5:10:00 PM



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

Foreign Non-Profit 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.** 001717939
- **2.** Name of Corporation Entrepreneurial Ventures in Education, Inc.
- 3. State of Incorporation

State: MA

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 <u>click here.</u>

NAICS Code

<u>611110</u>

4. Principal Office Address

No. and Street: 1001 MARINA DRIVE #410

City or Town: QUINCY State: MA Zip: 02171 Country: USA

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

TO OPERATE A SUMMER PROGRAM THAT ADDRESSES SUMMER LEARNING LOSS IN ECONOMICALLY CHALLENGED COMMUNITIES AND TO OPERATE A MANAGE CHARTER AND DISTRICT SCHOOLS

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	EARL MARTIN PHALEN	1001 MARINA DRIVE, #410 QUINCY, MA 02171 USA
SECRETARY	STEVEN TUCKER	1001 MARINA DRIVE #410 QUINCY, MA 02171 USA
CFO	TERRA SMITH	1001 MARINA DRIVE #410 QUINCY, MA 02171 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

REGISTERED AGENTS INC 47 WOOD AVENUE, SUITE 2 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 29 Day of April, 2024 at 5:14:21 PM 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 EARL PHALEN

Signature of Authorized Person

Form No. 631 Revised 09/07

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