



State of Rhode Island  
Department of State - Business Services Division

FILED

APR 29 2024

BY 432  
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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>000486731</b>		2. Exact name of the Corporation <b>North Kingstown Educational Support Professionals</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To develop and improve working conditions for members and create goodwill</b>			
4. NAICS Code <b>813910</b>					
6. Principal Office Address <b>150 Fairway Drive</b>		City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</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>Karen Potkul</b>			Vice-President Name <b>Kerry Langlois</b>		
Street Address <b>25 Isabelle Drive</b>			Street Address <b>46 Sumac Trail</b>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>Tina Bilodeau</b>			Treasurer Name <b>Susan Tavares</b>		
Street Address <b>1675 Ten Rod Road</b>			Street Address <b>123 Forestwood Drive</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Tina Bilodeau</b>			Director Name <b>Kerry Langlois</b>		
Street Address <b>1675 Ten Rod Road</b>			Street Address <b>46 Sumac Trail</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>Narr</b>	State <b>RI</b>	Zip <b>02852</b>
Director Name <b>Susan Tavares</b>			Director Name		
Street Address <b>123 Forestwood Drive</b>			Street Address		
City <b>N. Prov</b>	State <b>RI</b>	Zip <b>02904</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, duty Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Susan Tavares</b>				Date <b>4/25/24</b>	
Signature of Officer/Authorized Representative <i>Susan Tavares</i>					

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040