



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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.

REC'D RI SOS BSD
24 AUG 30 PM 12:09:27

1. Entity ID Number 000424967		2. Exact name of the Corporation Institute For The International Education Of Students			
3. State of Incorporation Illinois		5. Brief description of the character of business conducted in Rhode Island THIRD PARTY PROVIDER OF STUDY ABROAD FOR AMERICAN COLLEGE STUDENTS			
4 NAICS Code 611310					
6. Principal Office Address 33 W. Monroe Street Suite 2300			City Chicago	State IL	Zip 60603
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GREGORY HESS			Vice-President Name WILLIAM J MARTENS		
Street Address 33 W. Monroe Street Suite 2300			Street Address 33 W. Monroe Street Suite 2300		
City Chicago	State IL	Zip 60603	City Chicago	State IL	Zip 60603
Secretary Name WILLIAM P HOYE			Treasurer Name WILLIAM J MARTENS		
Street Address 33 W. Monroe Street Suite 2300			Street Address 33 W. Monroe Street Suite 2300		
City Chicago	State IL	Zip 60603	City Chicago	State IL	Zip 60603
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 PAMELA GANN			Director Name JAMES CRAWFORD		
Street Address 33 W. Monroe Street Suite 2300			Street Address 33 W. Monroe Street Suite 2300		
City Chicago	State IL	Zip 60603	City Chicago	State IL	Zip 60603
Director Name RHONDA JORDAN			Director Name BRIAN KELLY		
Street Address 33 W. Monroe Street Suite 2300			Street Address 33 W. Monroe Street Suite 2300		
City Chicago	State IL	Zip 60603	City Chicago	State IL	Zip 60603
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative William J Martens				Date 8/29/2024	
Signature of Officer/Authorized Representative <i>William Martens</i>					

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

AUG 30 2024

BY *Atmup*

HA: 12:10pm.