

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

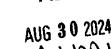
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→ Filing Fee: \$20.00→ Penalty: Additional \$25.00 fe	e if form is not filed	by May 31.	27				
1. Entity ID Number		2. Exact name of the Corporation					
000424967	Institute	Institute For The International Education Of Students					
3. State of Incorporation	5. Brief descri	Brief description of the character of business conducted in Rhode Island					
Illinois	THIRD PA	THIRD PARTY PROVIDER OF STUDY ABROAD FOR AMERICAN					
4 NAICS Code	COLLEGE	COLLEGE STUDENTS					
611310							
6. Principal Office Address			City	State	Zip		
33 W. Monroe Street Suite 2300			Chicago	IL IL	60603		
7. List ALL officers (names and				Check the box to indicate a			
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	d addresses). RI C	orporations MUST		Check the box to indicate a	an attachment		
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		
Director Name RHONDA JO	RDAN		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	Z _{IP} 60603		
9. The Registered Agent informa	ation of record with	the RI Department	t of State is accurate. Change	s require filing Form 64			
Under penalty of perjury, I de statements, and that all state				accompanying sched	ules and		
This report must be signed by either the		nt, Secretary, Assistant S	ecretary, Treasurer, duly Authonzed R	epresentative. Receiver or Tru	stee		
Name of Officer/Authorized Representative				Date			
William J Martens				8/29/202	8/29/2024		
Signature of Officer/Authorized I							
William Ma	rtens		mil ED				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 631- Revised 12/2023