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Annual Report for the year: 2018
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 000117051		2. Exact name of the Corporation ALTERNATIVE Educational Programming, INC.	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE EDUCATIONAL PROGRAMS TO STUDENTS WHO MAY NEED ASSISTANCE WITH COURSE WORK AND/OR MINORITY AND/OR DISADVANTAGED STUDENTS WHO MAY NEED FINANCIAL AND/OR OTHER ASSISTANCE TO OBTAIN AN EDUCATION	
4. NAICS Code 611710			
6. Principal Office Address 50 WASHINGTON ST. Room 429		City PROVIDENCE	State R.I.
		Zip 02903	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name LEO F. DiMAIO JR.		Vice-President Name THOMAS Upchurch	
Street Address 260 CHESHIRE DR.		Street Address 8 SOMERSET ST	
City CRAVSTON	State R.I.	City PROVIDENCE	State R.I.
Zip 02921		Zip 02907	
Secretary Name MAJORIE LEVESQUE		Treasurer Name	
Street Address 45 MASSACHUSETTS BLVD.		Street Address	
City PORTSMOUTH	State R.I.	City	State
Zip 02871		Zip	
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 MAJORIE LEVESQUE		Director Name RICHARD GOTTLIEB	
Street Address 45 MASSACHUSETTS BLVD		Street Address 45 MASSACHUSETTS BLVD.	
City PORTSMOUTH	State R.I.	City PORTSMOUTH	State R.I.
Zip 02871		Zip 02871	
Director Name THOMAS Upchurch		Director Name	
Street Address 8 SOMERSET STREET		Street Address	
City PROVIDENCE	State R.I.	City	State
Zip 02907		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative M. DONATO (next of kin) Kate card attached			Date 10/15/24
Signature of Officer/Authorized Representative Maryellen Donato			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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OCT 15 2024
BY AKA 7 12:25pm
 FORM 631- Revised: 12/2023