



STATE OF RHODE ISLAND

Department of State - Business Services Division

REC'D RIDOS BSA  
24 OCT 15 PM 12:24:00

Annual Report for the year: 2017  
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.

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| 1. Entity ID Number<br><b>000117051</b>  | 2. Exact name of the Corporation<br><b>ALTERNATIVE Educational Programming, INC.</b>   |
| 3. State of Incorporation<br><b>R.I.</b> | 5. Brief description of the character of business conducted in Rhode Island<br><b>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</b> |
| 4. NAICS Code<br><b>611710</b>           |  |

|  |                           |                      |                     |
|--|---------------------------|----------------------|---------------------|
| 6. Principal Office Address<br><b>50 WASHINGTON ST. Room 429</b> | City<br><b>PROVIDENCE</b> | State<br><b>R.I.</b> | Zip<br><b>02903</b> |
|--|---------------------------|----------------------|---------------------|

7. List ALL officers (names and addresses) Check the box to indicate an attachment

|  |  |
|--|--|
| President Name<br><b>LEO F. DiMAIO JR.</b>                       | Vice-President Name<br><b>THOMAS Upchurch</b>                      |
| Street Address<br><b>260 CHESHIRE DR.</b>                        | Street Address<br><b>8 SOMERSET ST</b>                             |
| City<br><b>CRAVSTON</b> State<br><b>R.I.</b> Zip<br><b>02921</b> | City<br><b>PROVIDENCE</b> State<br><b>R.I.</b> Zip<br><b>02907</b> |

|  |  |
|--|--|
| Secretary Name<br><b>MAJORIE LEVESQUE</b>                          | Treasurer Name   |
| Street Address<br><b>45 MASSACHUSETTS BLVD.</b>                    | Street Address   |
| City<br><b>PORTSMOUTH</b> State<br><b>R.I.</b> Zip<br><b>02871</b> | City<br><b>PROVIDENCE</b> State<br><b>R.I.</b> Zip<br><b>02907</b> |

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment

|  |  |
|--|--|
| Director Name<br><b>MAJORIE LEVESQUE</b>                           | Director Name<br><b>RICHARD GOTTLIEB</b>                           |
| Street Address<br><b>45 MASSACHUSETTS BLVD</b>                     | Street Address<br><b>45 MASSACHUSETTS BLVD.</b>                    |
| City<br><b>PORTSMOUTH</b> State<br><b>R.I.</b> Zip<br><b>02871</b> | City<br><b>PORTSMOUTH</b> State<br><b>R.I.</b> Zip<br><b>02871</b> |
| Director Name<br><b>THOMAS Upchurch</b>                            | Director Name  |
| Street Address<br><b>8 SOMERSET STREET</b>                         | Street Address   |
| City<br><b>PROVIDENCE</b> State<br><b>R.I.</b> Zip<br><b>02907</b> | City<br><b>PROVIDENCE</b> State<br><b>R.I.</b> Zip<br><b>02907</b> |

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.  
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

|  |                         |
|--|-------------------------|
| Name of Officer/Authorized Representative<br><b>M. DONATO (next of kin) kept cert attached</b> | Date<br><b>10/15/24</b> |
| Signature of Officer/Authorized Representative<br><b>Maryella Donato</b>                       |                         |

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  
AA.  
OCT 15 2024  
BY **HRM**  
10:24pm  
FORM 631- Revised: 12/2023