



REC'D RIDOS BSA  
24 OCT 15 PM 12:21:38

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.

|                                                                                                                                                                                                             |                      |                                                                                                                                                                                                                                                                                                |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                |                      |                                                                                                                                                                                                                                                                                                |                         |
| 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>CRANSTON</b>                                                                                                                                                                                     | State<br><b>R.I.</b> | City<br><b>PROVIDENCE</b>                                                                                                                                                                                                                                                                      | State<br><b>R.I.</b>    |
| Zip<br><b>02921</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> | City                                                                                                                                                                                                                                                                                           | State                   |
| Zip<br><b>02871</b>                                                                                                                                                                                         |                      | Zip                                                                                                                                                                                                                                                                                            |                         |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>          |                      |                                                                                                                                                                                                                                                                                                |                         |
| 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> | City<br><b>PORTSMOUTH</b>                                                                                                                                                                                                                                                                      | State<br><b>R.I.</b>    |
| Zip<br><b>02871</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> | City                                                                                                                                                                                                                                                                                           | State                   |
| Zip<br><b>02907</b>                                                                                                                                                                                         |                      | 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, duly Authorized Representative, Receiver or Trustee.</i>                                  |                      |                                                                                                                                                                                                                                                                                                |                         |
| 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