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Annual Report for the year: 2016  
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 <b>000117051</b>		2. Exact name of the Corporation <b>ALTERNATIVE Educational Programming, INC</b>	
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <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 <b>611710</b>			
6. Principal Office Address <b>50 WASHINGTON ST. Room 429</b>		City <b>Providence</b>	State <b>R.I.</b>
		Zip <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 <b>Leo F. DiMaio Jr.</b>		Vice-President Name <b>THOMAS Upchurch</b>	
Street Address <b>260 CHESHIRE DR.</b>		Street Address <b>8 SOMERSET ST</b>	
City <b>CRANSTON</b>	State <b>R.I.</b>	City <b>PROVIDENCE</b>	State <b>R.I.</b>
Zip <b>02921</b>		Zip <b>02907</b>	
Secretary Name <b>MAJORIE LEVESQUE</b>		Treasurer Name	
Street Address <b>45 MASSACHUSETTS BLVD.</b>		Street Address	
City <b>PORTSMOUTH</b>	State <b>R.I.</b>	City	State
Zip <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 <b>MAJORIE LEVESQUE</b>		Director Name <b>RICHARD GOTTLIEB</b>	
Street Address <b>45 MASSACHUSETTS BLVD</b>		Street Address <b>45 MASSACHUSETTS BLVD.</b>	
City <b>PORTSMOUTH</b>	State <b>R.I.</b>	City <b>PORTSMOUTH</b>	State <b>R.I.</b>
Zip <b>02871</b>		Zip <b>02871</b>	
Director Name <b>THOMAS Upchurch</b>		Director Name	
Street Address <b>8 SOMERSET STREET</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>R.I.</b>	City	State
Zip <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 <b>M. DONATO (next of kin) Kate cert attached</b>			Date <b>10/15/24</b>
Signature of Officer/Authorized Representative <b>Mauryella Donato</b> AA			

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  
 OCT 15 2024  
 BY AAHAA7 12:23pm  
 FORM 631- Revised: 12/2023