State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
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 001733535	2. Exact name of the Corporation Broadcast Learning Group
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island broadcasting program, participants will have a comprehensive understanding of the principles and practices of amateur broadcasting, with a specific emphasis on utilizing low-power FM stations
4. NAICS Code 515112	

6. Principal Office Address	City	State	Zip
603 Great Rd	603 Great Rd	RI	02896

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

President Name Miguel Rosales			Vice-President Name Marcos Nunez		
Street Address 17 Branch Ave			Street Address 17 Branch Ave		
City N. Smithfield	State RI	Zip 02896	City N. Smithfield	State RI	Zip 02896
Secretary Name ANGELA MEDINA			Treasurer Name		
Street Address 17 Branch Ave			Street Address		
City N. SMITHFIELD	State RI	Zip 02898	City	State	Zip

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

Director Name Miguel Rosales			Director Name Marcos Nunez		
Street Address 17 Branch Ave			Street Address 17 Branch Ave		
City N. SMITHFIELD	State RI	Zip 02896	City N. SMITHFIELD	State RI	Zip 02896
Director Name Angela Medina			Director Name		
Street Address 17 Branch Ave			Street Address		
City N. SMITHFIELD	State RI	Zip 02896	City	State	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.

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	Date
Miguel Rosales	**10/18/2024**

Signature of Officer/Authorized Representative: Miguel Rosales

FILED
OCT 21 2024
BY SJOZT
9:34

MAIL TO:
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