



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year.

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.

2021

2024 NOV 27 AM 11:09

RECEIVED  
RI DEPT OF STATE  
BUS SVCS  
2024 OCT 22 A 9:44

1. Entity ID Number 000136477		2. Exact name of the Corporation RIEOA	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO BRING TOGETHER THOSE PERSONS WHO ARE INVOLVED IN PROGRAMS THAT PROVIDE STUDENTS ACCESS AND OPPORTUNITIES FOR SUCCESS IN EDUCATION AT ALL LEVELS;	
4. NAICS Code 83920			
6. Principal Office Address 400 East Ave		City Warwick	State RI
		Zip 02886	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Milany Tawacz		Vice-President Name Stephanie Cruz	
Street Address 86 Zinnia Dr		Street Address 59 Reed Street	
City Cranston	State RI	City Warwick	State RI
Zip 02920		Zip 02886	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Heather Baschiocchi		Director Name Gail Mance - Rias	
Street Address 400 East Ave		Street Address 1 Hilton St	
City Warwick	State RI	City Providence	State RI
Zip 02886		Zip 02905	
Director Name Faith Buscher		Director Name	
Street Address 3343 Post Rd Apt 2L		Street Address	
City Warwick	State RI	City	State
Zip 02886		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 Milany Tawacz			Date 10/21/24
Signature of Officer/Authorized Representative 			FILED

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

NOV 27 2024

BY 6820N 11:21