



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year 2015  
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 <b>000136477</b>		2. Exact name of the Corporation <b>RIEOA</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO BRING TOGETHER THOSE PERSONS WHO ARE INVOLVED IN PROGRAMS THAT PROVIDE STUDENTS ACCESS AND OPPORTUNITIES FOR SUCCESS IN EDUCATION AT ALL LEVELS;</b>	
4. NAICS Code <b>813920</b>			
6. Principal Office Address <b>400 East Ave</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02886</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>Milary Tavaraz</b>		Vice-President Name <b>Stephanie Cruz</b>	
Street Address <b>86 Zinnia Dr</b>		Street Address <b>59 Reed Street</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02886</b>	
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 <b>Heather Bacchiocchi</b>		Director Name <b>Gail Mance-Rios</b>	
Street Address <b>400 East Ave</b>		Street Address <b>1 Hilton St</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02905</b>	
Director Name <b>Faith Buscher</b>		Director Name	
Street Address <b>3343 Post Rd Apt 2L</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	City	State
Zip <b>02886</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>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>Milary Tavaraz</b>			Date <b>10/21/24</b>
Signature of Officer/Authorized Representative 			<b>FILED</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

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BY **6820N**