



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year 2011
Non-Profit Corporation

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- 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 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 813920			
6. Principal Office Address 400 East Ave		City Warwick	State RI
		Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Milary Tawacz		Vice-President Name Stephanie Cruz	
Street Address 6 Zinnia Dr		Street Address 59 Reed Street	
City Cranston	State RI	Zip 02920	City Warwick
			State RI
			Zip 02886
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	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 <input type="checkbox"/>			
Director Name Heather Baschiocchi		Director Name Gail Mance-Rios	
Street Address 400 East Ave		Street Address 1 Hilton St	
City Warwick	State RI	Zip 02886	City Providence
			State RI
			Zip 02905
Director Name Faith Buscher		Director Name	
Street Address 3343 Post Rd Apt 24		Street Address	
City Warwick	State RI	Zip 02886	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.			
<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 Milary 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

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