



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year
Non-Profit Corporation

2011

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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) <input type="checkbox"/> Check the box to indicate an attachment | | | |
| President Name Milany Tavaroz | | Vice-President Name Stephanie Cruz | |
| Street Address 86 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. <input type="checkbox"/> Check the box to indicate an attachment | | | |
| 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. | | | |
| 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 Tavaroz | | | Date 10/21/24 |
| Signature of Officer/Authorized Representative | | | FILED |

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MAIL TO:
Division of Business Services
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