



State of Rhode Island

Department of State - Business Services Division

FILED

FEB 03 2025

BY

Annual Report for the year: 2025

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 793315		2. Exact name of the Corporation George J. West Mentoring Program			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island This program is to assist George J. West Elementary School students in developing and maintaining increased self esteem, academic performance, social skills, and communication skills through mentoring relationships with a mentor.			
4. NAICS Code 624110 - Child and Yo					
6. Principal Office Address 1445 Wampanoag Trail, Suite 210		City East Providence		State RI	Zip 02915
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Robert E. Struck, Jr.			Vice-President Name Sandra Stuart		
Street Address 7 McMillan Way			Street Address 145 Beaufort Street		
City Narragansett	State RI	Zip 02882	City Providence	State RI	Zip 02908
Secretary Name Kelly Spaziano			Treasurer Name Scott T. Whittum		
Street Address 145 Beaufort Street			Street Address 1445 Wampanoag Trail, Suite 210		
City Providence	State RI	Zip 02908	City East Providence	State RI	Zip 02915
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Robert E Struck Jr			Director Name Sandra Stuart		
Street Address 7 McMillan Way			Street Address 145 Beaufort St		
City Narr	State RI	Zip 02882	City Prov	State RI	Zip 02908
Director Name Scott T Whittum			Director Name		
Street Address 1445 Wampanoag Tr Ste 210			Street Address		
City E Prov	State RI	Zip 02915	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 Scott T. Whittum, Treasurer				Date 01/29/2025	
Signature of Officer/Authorized Representative Scott T. Whittum, Treasurer					

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: 11/2021