

**State of Rhode Island
Office of the Secretary of State****Fee: \$20.00**Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Foreign Non-Profit
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025**1. Corporate ID No.** 001680195**2. Name of Corporation** Educational Resources of Antigua Guatemala Inc.**3. State of Incorporation**State: DE**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813211**4. Principal Office Address**No. and Street: 1625 HILL FARM ROADCity or Town: COVENTRYState: RIZip: 02816Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**EDUCATIONAL SERVICES VOCATIONAL TRAINING AND JOB PLACEMENT**6. Names and Addresses of the Officers and Directors:****All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

PRESIDENT	JOHN BELL	1625 HILL FARM ROAD COVENTRY, RI 02816 USA
TREASURER	MIKE AJANEL CHITI	1625 HILL FARM ROAD COVENTRY, RI 02816 US
SECRETARY	WILLIAM BELL	11 ALLISON AVE COVENTRY, RI 02816 USA
DIRECTOR	NAZARIO QUINO TUCAN	PO BOX 133 COVENTRY, RI 02816 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

BUSINESS FILINGS INCORPORATED 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 6 Day of February, 2025 at 10:40:03 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By JOHN ROCKWELL BELL
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved