RI SOS Filing Number: 202564349830 Date: 2/9/2025 4:05:00 PM



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

Non-Profit Corporation 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. <u>000027908</u>
- 2. Name of Corporation Literacy Volunteers of Kent County, Inc.
- 3. State of Incorporation

State: RI

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 <u>click here.</u>

NAICS Code

<u>624190</u>

4. Principal Office Address

No. and Street: 1672 FLAT RIVER ROAD

City or Town: COVENTRY State: RI Zip: 02816 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

PROVIDES ONE ON ONE, CONFIDENTIAL AND FREE TUTORING TO ADULTS WHO NEED HELP WITH BASIC READING, WRITING AND ENGLISH -SPEAKING SKILLS.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
		Address, City of Town, State, Zip Code, Country
DIRECTOR	NANCY ABOOD	340 DIAMOND HILL RD
		WARWICK, RI 02886 USA
CO-PRESIDENT	MARIA SAILLANT	11 AMHERST AVE
		COVENTRY, RI 02816 USA
CO-PRESIDENT	MARGA MATHENY	25 WATER ST, APT 201
		E GREENWICH, RI 02818 USA
		L GILLIAWICH, IN 02010 00A
LIBRARY DIRECTOR	LAUREN WALKER	10 LEACH ST, UNIT B1
		CUMBERLAND, RI 02864 USA
DIRECTOR	LYNN BLANCHETTE	543 TOWN FARM RD
		COVENTRY, RI 02816 USA
DIRECTOR	WILLIAM ROGERS	182 KNOTTY OAK RD
		COVENTRY, RI 02816 USA
SECRETARY	JYOTI GANESH	183 HEMLOCK DR
		E GREENWICH, RI 02818 USA
DIRECTOR	ANGELA JAMES	E GREENWICH, RU GEGIG GGA
DIRECTOR	ANGELA JAMES	57 CROSS BOW LN
		WEST WARWICK, RI 02893 USA
TREASURER	STEPHANIE S. EDDLESTON	465 FAIRVIEW AVE
		COVENTRY, RI 02816 USA
DIRECTOR	SANDRA DUPREE	20 GENTRY FARM RD
		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

NANCY ABOOD 1672 FLAT RIVER ROAD COVENTRY, RI 02816

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

Signed this 9 Day of February, 2025 at 4:10:34 PM 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 <u>STEPHANIE S EDDLESTON</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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