



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

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.

**FILED**  
**STAMP**  
**FEB 17 2025**  
**BY** *[Signature]*

|                                                                                                                                                                                                             |                 |                                                                                                                                                                                                                                                                                     |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 1. Entity ID Number<br><b>000793895</b>                                                                                                                                                                     |                 | 2. Exact name of the Corporation<br><b>Science &amp; Math Investigative Learning Experiences Smile Progr</b>                                                                                                                                                                        |                           |
| 3. State of Incorporation<br><b>Rhode Island</b>                                                                                                                                                            |                 | 5. Brief description of the character of business conducted in Rhode Island<br>to increase the number of educationally disadvantaged students who graduate from high school well prepared to enter higher education and pursue careers in science, technology, engineering and math |                           |
| 4. NAICS Code<br><b>611110</b>                                                                                                                                                                              |                 |                                                                                                                                                                                                                                                                                     |                           |
| 6. Principal Office Address<br><b>90 Lower College Road, Room 001</b>                                                                                                                                       |                 | City<br><b>Kingston</b>                                                                                                                                                                                                                                                             | State<br><b>RI</b>        |
|                                                                                                                                                                                                             |                 | Zip<br><b>02881</b>                                                                                                                                                                                                                                                                 |                           |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                              |                 |                                                                                                                                                                                                                                                                                     |                           |
| President Name <b>John Peterson</b>                                                                                                                                                                         |                 | Vice-President Name <b>William Koconis</b>                                                                                                                                                                                                                                          |                           |
| Street Address <b>44 Crestwood Drive</b>                                                                                                                                                                    |                 | Street Address <b>79 Upper College Road</b>                                                                                                                                                                                                                                         |                           |
| City <b>Kingston</b>                                                                                                                                                                                        | State <b>RI</b> | City <b>Kingston</b>                                                                                                                                                                                                                                                                | State <b>RI</b>           |
| Zip <b>02881</b>                                                                                                                                                                                            |                 | Zip <b>02881</b>                                                                                                                                                                                                                                                                    |                           |
| Secretary Name <b>Frances Alexakos</b>                                                                                                                                                                      |                 | Treasurer Name <b>Ruth Jarrett</b>                                                                                                                                                                                                                                                  |                           |
| Street Address <b>249 Woodruff Avenue</b>                                                                                                                                                                   |                 | Street Address <b>133 Terre Msr Drive</b>                                                                                                                                                                                                                                           |                           |
| City <b>Wakefield</b>                                                                                                                                                                                       | State <b>RI</b> | City <b>North Kingstown</b>                                                                                                                                                                                                                                                         | State <b>RI</b>           |
| Zip <b>02879</b>                                                                                                                                                                                            |                 | Zip <b>02852</b>                                                                                                                                                                                                                                                                    |                           |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>        |                 |                                                                                                                                                                                                                                                                                     |                           |
| Director Name <b>Glenda Kirby</b>                                                                                                                                                                           |                 | Director Name <b>Malcolm Spaulding</b>                                                                                                                                                                                                                                              |                           |
| Street Address <b>2000 Dowd Road</b>                                                                                                                                                                        |                 | Street Address <b>1674 Ministerial Road</b>                                                                                                                                                                                                                                         |                           |
| City <b>Carthage</b>                                                                                                                                                                                        | State <b>NC</b> | City <b>Wakefield</b>                                                                                                                                                                                                                                                               | State <b>RI</b>           |
| Zip <b>28327</b>                                                                                                                                                                                            |                 | Zip <b>02879</b>                                                                                                                                                                                                                                                                    |                           |
| Director Name <b>Augusto Gomes</b>                                                                                                                                                                          |                 | Director Name                                                                                                                                                                                                                                                                       |                           |
| Street Address <b>58 Brown Street</b>                                                                                                                                                                       |                 | Street Address                                                                                                                                                                                                                                                                      |                           |
| City <b>East Providence</b>                                                                                                                                                                                 | State <b>RI</b> | City                                                                                                                                                                                                                                                                                | State                     |
| Zip <b>02914</b>                                                                                                                                                                                            |                 | Zip                                                                                                                                                                                                                                                                                 |                           |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.                                                                                 |                 |                                                                                                                                                                                                                                                                                     |                           |
| <b>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.</b> |                 |                                                                                                                                                                                                                                                                                     |                           |
| <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<br><b>Carol Englander</b>                                                                                                                                         |                 |                                                                                                                                                                                                                                                                                     | Date<br><b>02/11/2025</b> |
| Signature of Officer/Authorized Representative<br><i>Carol Englander</i>                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                     |                           |

MAIL TO:  
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