



**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. 000111360

2. Name of Corporation SUCCESS FOR ALL FOUNDATION, INC.

3. State of Incorporation

State: MD

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

611110

4. Principal Office Address

No. and Street: 300 E. JOPPA ROAD

City or Town: BALTIMORE

State: MD

Zip: 21286

Country: USA

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

IMPLEMENTATION OF EXTENSIVELY RESEARCHED AND PROVEN EDUCATIONAL PROGRAMS AIMED AT HIGH RISK ELEMENTARY SCHOOL STUDENTS, WITH THE PRIMARY PURPOSE OF DEVELOPING CONTEMPORARY READING SKILLS.

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
SECRETARY	BARBARA HAXBY-BRADY	300 E. JOPPA ROAD BALTIMORE, MD 21286 USA
CEO	JULIE WIBLE	300 E. JOPPA ROAD BALTIMORE, MD 21286 USA
DIRECTOR	BILL HODGETTS	300 E. JOPPA ROAD BALTIMORE, MD 21286 USA
DIRECTOR	MARGARET WEIGEL	300 E. JOPPA ROAD SUITE 500 BALTIMORE, MD 21286 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

NATIONAL REGISTERED AGENTS, INC. 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 22 Day of May, 2025 at 10:34:55 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 KIMBERLY A CURLEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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