



**State of Rhode Island and Providence Plantations  
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: June 1 - June 30

*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:** 2017

**1. Corporate ID No.** 000027297

**2. Name of Corporation** The Rhode Island Cultural Educational Enrichment Program (RICEEP)

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: PO BOX 6661  
City or Town: PROVIDENCE State: RI Zip: 02904 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

EDUCATIONAL ENRICHMENT PROGRAM

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	ANTHONE SOARES SR	PO BOX 143 SEALSTON, VA 22547 US
TREASURER	ANTHONE SOARES JR.	135 W. MOREHEAD ST. APT. 477 CHARLOTTE, NC 28202 USA
VICE PRESIDENT	CATHERINE FREEMAN	122 SWIFT ST.

		PROVIDENCE, RI 02904 USA
DIRECTOR	CATHERINE FREEMAN	122 SWIFT ST. PROVIDENCE, RI 02904 USA
DIRECTOR	ANTHONE SOARES SR.	PO BOX 143 SEALSTON, VA 22547 US
DIRECTOR	TAYLA SOARES	135 W. MOREHEAD ST. APT. 477 CHARLOTTE, NC 28202 US

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

CATHERINE FREEMAN 122 SWIFT ST, PROVIDENCE, RI 02904 P.O. BOX 6661 PROVIDENCE , RI 02904

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

**Signed this 2 Day of April, 2017 at 9:11:01 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 ANTHONE SOARES SR.  
Signature of Authorized Person

Form No. 631  
Revised 09/07