



State of Rhode Island
Department of State - Business Services Division

REC'D RI SOS BSD
14 APR 29 PM 3:47:40

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.

1. Entity ID Number 1765471	2. Exact name of the Corporation Leadership in Education and Progress Advancement Inc.
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Support of Best Practices in Providence Schools
4. NAICS Code 813319	

6. Principal Office Address 12 CARRIDGE WAY	City JOHNSTON	State RI	Zip 02919
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HORNE ADRAIN		Vice-President Name EMILY QAZI/BASH			
Street Address 66 Williams St		Street Address 66 Williams St			
City PROV	State RI	Zip 02906	City PROV	State RI	Zip 02906
Secretary Name			Treasurer Name JENNIFER BEAMER		
Street Address			Street Address 66 Williams St		
City	State	Zip	City PROV	State RI	Zip 02906

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HORNE ADRAIN		Director Name STEVEN F. SMITH			
Street Address 66 Williams St		Street Address 66 Williams St			
City PROV	State RI	Zip 02906	City PROV	State RI	Zip 02906
Director Name EMILY QAZI/BASH		Director Name JENNIFER BEAMER			
Street Address 66 Williams St		Street Address 66 Williams			
City PROV	State RI	Zip 02906	City PROV	State RI	Zip 02906

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative STEVEN F. SMITH	Date 4-29-24
Signature of Officer/Authorized Representative 	

FILED 347
APR 29 2024
BY AVCIR