



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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.

1. Corporate ID No. 30987		2. Name of Corporation School One	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 220 University Avenue	
		City Providence	Zip 02906
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island HIGH SCHOOL SERVING GRADES 9-12 STUDENTS FROM THROUGHOUT RI AND SEMA.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Beverly Wiley		Vice President Name Camille Voliani	
Street Address 220 University Avenue		Street Address 220 University Avenue	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Secretary Name Stan Dorsey		Treasurer Name Howard Betowski	
Street Address 220 University Avenue		Street Address 220 University Avenue	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name Beverly Wilenc		Director Name Stan Dorsey	
Street Address 220 University Avenue		Street Address 25 Greenfield Avenue	
City Providence	State RI	City NORTH Providence	State RI
Zip 02906		Zip 02911	
Director Name Ken Fish		Director Name Jack Tregan	
Street Address 410 Street		Street Address 58 Glen Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02905	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name BEVERLY WILEY		Address	
Address 41 PAINE ROAD		City FOSTER	Zip 02825-

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



30987

FILED

File Date **SEP 21 2007**

Check No. **6548**

By: **6548**

FOR SECRETARY OF STATE USE ONLY

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.

Beverly Wiley
Signature of Officer

Beverly Wiley
Print or Type Name of Officer

President of the Board
Title of Officer