



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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.

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|--|--|--|--------------------|
| 1. Corporate ID No. 118391 | | 2. Name of Corporation THE HIGHLANDER CHARTER SCHOOL | |
| 3. State of Incorporation RHODE ISLAND | | 4. Corporate address in Rhode Island - Street Address 42 LEXINGTON AVENUE | |
| | | City PROVIDENCE | Zip 02907 |
| 5. Foreign corporation. Enter principal office address | | City | State Zip |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island STATE CHARTER SCHOOL | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name JOHN KELLY | | Vice President Name JIM GANNAWAY | |
| Street Address 1000 EDDY STREET | | Street Address 1268 EDDY STREET | |
| City PROVIDENCE | State RI | Zip 02905 | City PROVIDENCE |
| State RI | Zip 02905 | City PROVIDENCE | State RI |
| Secretary Name MARK HARRIS | Treasurer Name LINDA COHEN | | |
| Street Address 18 ROSEWOOD AVENUE | Street Address 10 EXCHANGE COURT #601 | | |
| City CRANSTON | State RI | Zip 02905 | City PAWUCKET |
| State RI | Zip 02905 | City PAWUCKET | State RI |
| City CRANSTON | State RI | Zip 02905 | City PAWUCKET |
| State RI | Zip 02905 | City PAWUCKET | State RI |
| 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 EILEEN HOWARD DUNN | | Director Name FRAN MURPHY | |
| Street Address 1 CVS DRIVE | | Street Address 42 JILLSON STREET | |
| City WOONSOCKET | State RI | Zip 02895 | City PROVIDENCE |
| State RI | Zip 02895 | City PROVIDENCE | State RI |
| City WOONSOCKET | State RI | Zip 02895 | City PROVIDENCE |
| State RI | Zip 02895 | City PROVIDENCE | State RI |
| Director Name RO MEDE | | Director Name ANN NOLAN | |
| Street Address 97 HIGHLAND AVENUE | | Street Address 160 BROAD STREET | |
| City WARWICK | State RI | Zip 02886 | City PROVIDENCE |
| State RI | Zip 02886 | City PROVIDENCE | State RI |
| City WARWICK | State RI | Zip 02886 | City PROVIDENCE |
| State RI | Zip 02886 | City PROVIDENCE | State RI |
| 9. REGISTERED AGENT IN RHODE ISLAND ROSE MARY GRANT 42 LEXINGTON AVENUE PROVIDENCE 02907 | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78 | | | |

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

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| FILED | |
| File Date | JUN 08 2009 |
| Check No. | By 9588 |
| By: | |
| 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.

Signature of Officer
Linda Cohen
Date
6/2/09
Print or Type Name of Officer
LINDA COHEN
Title of Officer
TREASURER