



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 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. 000091769		2. Name of Corporation Campus Compact			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 339 Eddy Street		City Providence	Zip 02903
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 TO FOSTER AMONG COLLEGE AND UNIVERSITY STUDENTS A SENSE OF CIVIC RESPONSIBILITY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Maureen Curley			Vice President Name None		
Street Address 339 Eddy Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Teresa Iannoconi			Treasurer Name Teresa Iannoconi		
Street Address KPMG LLP, 757 Third Avenue			Street Address KPMG LLP, 757 Third Avenue		
City New York	State NY	Zip 10017	City New York	State NY	Zip 10017
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☒ 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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Edmund C. Bennett			Address 50 South Main Street		
Address			City Providence	Zip 02903	

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



FILED

AUG 12 2009

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.

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

By

29-97179

Signature of Officer

Maureen Curley

Print or Type Name of Officer

President

Title of Officer

Date

9/20/09

2007 Board of Directors

Dr. Louis Albert
Pima Community College - West Campus
2202 West Anklam Road
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