

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 2006

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.                   | 2. Name of Corporation                                |                                |                                  |                                       |               |                      |  |  |
| 000091769                             | Campus Compact  |                                |                                  |                                       |               |                      |  |  |
| 3 State of Incorporation              | 4. Corporate address in Rhode Island - Street Address |                                |                                  | City                                  |               | Zip                  |  |  |
| RI                                    | 339 Eddy Street                                       |                                |                                  | Provider                              | nce           | 02903                |  |  |
| 5. Foreign corporation. Enter prin    | icipal office address                                 |                                | City                             | State                                 |               | Zip 3                |  |  |
| 6. Brief Description of the character | of the affairs which are ac                           | tually conducted in Rhode Isla | ınd                              | · · · · · · · · · · · · · · · · · · · |               | 23                   |  |  |
|                                       |   |                                | ENSE OF CIVIC RESPONSI           |                                       |               | 曾显出                  |  |  |
| 7. NAMES AND ADDRESSE                 | S OF THE OFFICERS                                     | S: ("X" BOX FOR ATTACH         | MENT) [] FILL IN SPACES B        | EFORE USIN                            | ig attachi    | MESES                |  |  |
| President Name                        |   |                                | Vice President Name              |                                       |               |                      |  |  |
| Elizabeth Hollander                   |   |                                | None                             |                                       |               |                      |  |  |
| Street Address                        |   |                                |                                  |                                       |               |                      |  |  |
| 339 Eddy Street                       |   |                                | Street Address                   |                                       |               | 一年 からの               |  |  |
| City                                  | State   | Zip                            | City                             | State                                 |               | Z10 0 25             |  |  |
| Providence                            | RI  | 02903                          | 1                                |                                       |               | <b>-</b> (i)         |  |  |
| Secretary Name                        | <u> </u>  |                                | Treasurer Name                   |                                       |               |                      |  |  |
| Teresa lannaconi                      |   |                                | Teresa lannaconi                 |                                       |               |                      |  |  |
| Street Address                        |   |                                | Street Address                   |                                       |               |                      |  |  |
| KPMG Foundation, 280 Park Avenue      |   |                                | KPMG Foundation, 280 Park Avenue |                                       |               |                      |  |  |
| City                                  | State   | Zip                            | City                             | State                                 |               | Zip                  |  |  |
| New York                              | NY  | 10017                          | New York                         | NY                                    |               | 10017                |  |  |
| 8. NAMES AND ADDRESSE                 | S OF THE DIRECTO                                      | RS: ("X" BOX FOR ATTAC         | <i>HMENT)</i> FILL IN SPACES B   | EFORE USII                            | NG ATTACH     | MENTS                |  |  |
| THE NUMBER OF DIRECT                  | ORS OF A DOMESTA                                      | C (RHODE ISLAND) C             | ORPORATION <u>SHALL NOT I</u>    | BE LESS THA                           | AN THREE      | (3). R.I.G.L. 7-6-23 |  |  |
| Director Name                         |   |                                | Director Name                    |                                       |               | ٠. ٠                 |  |  |
|                                       |   |                                |                                  |                                       |               |                      |  |  |
| Street Address                        |   |                                | Street Address                   |                                       |               | 300                  |  |  |
| City                                  | State   | Zip                            | City                             | State                                 |               | 24. 2                |  |  |
| Director Name                         |   |                                | Director Name                    |                                       |               |                      |  |  |
| Street Address                        |   |                                | Street Address 23                |                                       |               |                      |  |  |
| City                                  | State   | Zip                            | City                             | State                                 | :             | Zip —                |  |  |
| 9. REGISTERED AGENT IN                | RHODE ISLAND - D                                      | O NOT ALTER - Chang            | es require filing of Form 6      | 1<br>1 - R.I.G.L.                     | 7-6-13 / 7-   | 6-78                 |  |  |
| Agent Name                            |   | - 6                            | Address                          |                                       |               |                      |  |  |
| Edmund C. Bennett                     |   |                                | 50 South Main Street             |                                       |               |                      |  |  |
|                                       |   |                                | City                             | ···                                   | Zip           |                      |  |  |
| Address                               |   |                                | 1 *                              |                                       |               |                      |  |  |
|                                       | ·   |                                | Providence                       |                                       | 1 02903       |                      |  |  |
| This report must                      | be signed by either                                   | the President, Vice Presi      | dent, Secretary, Assistant Secr  | etary, Treasu                         | irer, Receive | r or Trustee         |  |  |

|           | 0 0 0 9 1 7 6                   | FILED                   | Under penalty of perjury, I declare and a report, ipenalty of any accompanying scheol | ffirm that I have examined this lules and statements, and that all |
|-----------|---------------------------------|-------------------------|---|--|
| File Date | •                               | AUG 12 2009<br>By 37777 | Signature of Officer  | Date   |
| Ву:       | FOR SECRETARY OF STATE USE ONLY | 29-97128                | Maureen Curley Print or Type Name of Officer President Title of Officer               | F (21 P 120)   |

# BCARD OF DIRECTORS 2006

## Dr. Louis Albert

Pima County Community College - West Campus 2202 West Anklam Road Tucson, AZ 85709-0001

#### Dr. Lawrence S. Bacow

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### Senator Harris Wofford

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