

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 2003

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 \$25.0							
1. Corporate ID No. 000091769	1 .	2. Name of Corporation					
	<u> </u>	Campus Compact 4 Corporate address in Rhode Island - Street Address City Zip					
3. State of Incorporation	I .		Auaress	City Providence	Zip		
RI	339 Eddy S				02903		
5. Foreign corporation. E	inter principal office addres	s	City	State	Zip		
6. Brief Description of the ch	baracter of the affairs which	h are actually conducted in R	hode Island				
TO FOSTER AMONO	G COLLEGE AND U	NIVERSITY STUDENT	S A SENSE OF CIVIC RE	SPONSIBILITY			
7. NAMES AND ADDI	RESSES OF THE OFF	ICERS: ("X" BOX FOR A	TTACHMENT) [] FILL IN S	PACES BEFORE USING ATT	ACHMENTS		
President Name			Vice President Name				
Elizabeth Hollander			None				
Street Address			Street Address	Street Address			
339 Eddy Street							
Gily	State	Zip	City	State	Zip		
Providence	Ri	02903					
Secretary Name			Treasurer Name	Treasurer Name			
Bernard Milano			Bernard Milano				
Street Address			Street Address				
KPMG Foundation,	, 3 Chestnut Ridge	Road	KPMG Foundation	on, 3 Chestnut Ridge Roa	ad 📴		
City	State	Zip	City	State	Zip rn		
Montvale	NJ	07645	Montvale	NJ	07645		
8. NAMES AND ADD	RESSES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) TFILL IN S	SPACES BEFORE USING AT	TACHMENTS =		
THE NUMBER OF DI	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHAP	LL NOT BE LESS THAN TH	REE (3). R.I.G.L. 7-6-7		
Director Name			Director Name				
					5 5		
Street Address			Street Address				
					-1		
City	State	Zip	City	State	Zip		
Director Name			Director Name		;V		
					F-3		
Street Address			Street Address		i de		
					7.5		
City	State	Zip	City	State	Zip 5		
					63		
	NT IN RHODE ISLAN	ND - DO NOT ALTER -	Changes require filing of	Form 641 - R.I.G.L. 7-6-13	3 / 7-6-78		
9. REGISTERED AGE			Address		-		
		Edmund C. Bennett			50 South Main Street		
Agent Name	tt.		50 South Main Si	แษน			
Agent Name Edmund C. Bennet	<u>tt</u>				5 13		
Agent Name	tt .		City Providence	Ziρ 029	13 F 11		

	FILED	Under penalty of perjury, I declare an report, including any accompanying so	d affirm that I have examined this hedules and statements, and that all
File Date	AUG 12 2009 (statements contained herein are true an Signapure of Officer	d correct 9/20/07 Date
By:	7299717.	Maureen Curley Prins of Type Name of Officer President	-
FOR SECRETARY OF STATE USE ONLY		Title of Officer	Form 631 Rev. 12/06

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