

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 2002

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		Rhode Island - Street Address		City		Zip	
RI	339 Eddy Street			Provide	nce	02903	
5 Foreign corporation. Enter principal office address			City	State		Zip	
6. Brief Description of the character	of the affairs which are ac	tually conducted in Rhode Isla	nd				
TO FOSTER AMONG COL	LEGE AND UNIVER	RSITY STUDENTS A S	ENSE OF CIVIC RESPONS	SIBILITY			
7. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTACH	MENT) [FILL IN SPACES	BEFORE USIN	NG ATTACH	MENTS	
President Name			Vice President Name				
Elizabeth Hollander			None				
Street Address 339 Eddy Street			Street Address				
City	State	Zip	City	State		Zip	(.)
Providence	RI	02903		1)	
Secretary Name	1		Treasurer Name			-3	~103
Bernard Milano			Bernard Milano				
Street Address			Street Address				
KPMG Foundation, 3 Chestnut Ridge Road			KPMG Foundation, 3 Chestnut Ridge Road				
City	State	Zip	City	State		Zip 🔀	
Montvale	NJ	07645	Montvale	NJ		07645	- 4
8. NAMES AND ADDRESSES	OF THE DIRECTOR	RS: ("X" BOX FOR ATTAC	HMENT) TILL IN SPACES	BEFORE USI	NG ATTACH	iments 🕃	元 (0) 山
THE NUMBER OF DIRECTO	ORS OF A DOMESTI	C (RHODE ISLAND) C	ORPORATION <u>SHALL NOT</u>	BE LESS TH	AN THREE	(3). R.I.G	7-6-23
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State		Zip	
	<u> </u>					<u> </u>	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State		Zip N	22.7
9. REGISTERED AGENT IN	I RHODE ISLAND - D	l O NOT ALTER - Chang	es require filing of Form	1 641 - R.I.G.L.	7-6-13 / 7-	6-78 ≟	- <u>- </u>
Agent Name	Address						
Edmund C. Bennett			50 South Main Street				
Address			City Zip Z			ריו	
			Providence	1			
			I I TO VIUGITUG		1 02303		N. 1

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

	Under penalty of perjury, I declare and affirm that I have examined this replact, including any accompanying schedules and statements, and that all
File DateAUG 12	2009 Signature Officer Date
By: FOR SECRETARY OF STATE USE ONLY	Maureen Curley Print or Type Name of Officer President Title of Officer Form 631 Rev. 12/06

Board of Directors 2002

JOANNE CREIGHTON

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JENNIFER DORR

Washington Campus Compact Western Washington University Bellingham, WA 98225

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Hobart And William Smith Colleges 337 Pulteney Street Geneva, NY 14456

DONALD HARWARD

PO Box 152 Corea, ME 04624

MARTIN JISCHKE

Hovde Hall Purdue University West Layfayette, IN 47907

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New Hampshire Community Technical College 505 Amherst Street Nashua, NH 03063

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