

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 2000 401.222.3 Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK \* In accordance with SLIGL. 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 Corp	2. Name of Corporation					
000091769		Campus Compact					
3. State of Incorporation	4. Corporate ad	dress in Rhode Island - Street	Address	City	Zip		
RI	188 Benefi	188 Benefit Street Providence			02903		
5. Foreign corporation. Enter	principal office addre	255	City	State	Zip		
6. Brief Description of the chara-	cter of the affairs whic	th are actually conducted in I	Rhode Island				
TO FOSTER AMONG C	OLLEGE AND U	INIVERSITY STUDEN	TS A SENSE OF CIVIC RE	SPONSIBILITY	1 E02		
	SES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [ FILL IN S	PACES BEFORE USING ATTA	CHMENT,		
President Name .			Vice President Name	Vice President Name None			
Elizabeth Hollander			None	None			
Street Address			Street Address	Street Address			
188 Benefit Street					3 60		
City	State	Zip	City	Skite	Zip 🗷		
Providence	Ri	02903					
Secretary Name Talbot D'Alemberte			Treasurer Name Taibot D'Alemberte				
Street Address 211 Westcott Building, Florida State University		Street Address 211 Westcott Building, Florida State University					
City	State State	Zip	City	State			
•	l l	1 '			Zip		
Tallahassee	FL	32306	Tallahassee	FL	32306		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLA. Director Name							
Street Address			Street Address				
City	State	Zip	City	State	Zip —		
Director Name	Director Name		- <del>1</del> 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				
Street Address			Street Address		5		
City	State	Zip	City	State	Zip		
9. REGISTERED AGENT I Agent Name Edmund C. Bennett	 IN RHODE ISLAI	 ND - DO NOT ALTER -	Changes require filing of    Address   50 South Main St	   Form 641 - R.I.G.L. 7-6-13	/ 7-6-78		
Address			City Providence	Zip 02903			

	FILED	Under penalty of perjury, I declare and affirm tha	t I have examined this statements, and that all
File Date	AUG 12 2009 By m.)	statements contained herein are true and correct.  Sknutzer of Officer	9/20/07 Date
By:FOR SECRETARY OF STATE USE ONLY	J9-9717. ■	Maureen Curley Print or Type Name of Officer President	
		Title of Officer	

# **Board of Directors 2000**

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