

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 2011

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 neural report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

| penalty fee of \$25.00. | | | <u> </u> | , | | |
|--|-----------------------------|---|--------------------------------------|---|-------------------------|--|
| 1. Corporate ID No. | 2. Name of Con | 2. Name of Corporation | | | | |
| 56963 | | URBAN COLLABORATIVE | | | | |
| 3. State of Incorporation | 4. Corporate ad | 4. Corporate address in Rhode Island - Street Address | | City | Zip | |
| RI | | 75 Carpenter Street | | Providence | 02903 | |
| 5. Foreign corporation. Enter principal office address | | | City | State | Zib | |
| N/A | | | ł | | | |
| 6. Brief Description of the ch | paracter of the affairs whi | ch are actually conducted in l | Rhode Island | | | |
| To provide alternative | e educational progra | ams under Chapter 16- | 3.1 of the Rhode Island Ger | neral Laws. | | |
| 7. NAMES AND ADDI | RESSES OF THE OF | FICERS: ("X" BOX FOR A | ITTACHMENT) FILL IN SI | PACES BEFORE USING ATTA | CHMENTS | |
| President Name | | | Vice President Name | | | |
| Thomas M. Brady | | | NONE | | | |
| Street Address | | | Street Address | | | |
| Providence School | Dept 797 Westr | minster Street | | | | |
| City | State | Zφ | City | State | Zip | |
| Providence | RI | 02903 | | | | |
| Secretary Name | ecretary Name | | | Treasurer Name | | |
| NONE | | | NONE | | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| 8. NAMES AND ADDE | LESSES OF THE DIR | RECTORS: ("X" BOX FOR | ATTACHMENT) FILL IN S | PACES BEFORE USING ATTA | ACHMENTS | |
| THE NUMBER OF DI | RECTORS OF A DO | MESTIC (RHODE ISLA | ND) CORPORATION SHAL | L NOT BE LESS THAN THR | EE (3). R.I.G.L. 7-6-23 | |
| Director Name | | | Director Name | | | |
| Thomas M. Brady | | | Peter Nero | | | |
| Street Address | | | Street Address | | | |
| Providence School Dept 797 Westminster Street | | | Cranston School Dept 845 Park Avenue | | | |
| City | State | Zip | City | State | Zip | |
| Providence | RI | 02903 | Cranston | RI | 02910 | |
| Director Name | | | Director Name | | | |
| Dr. Frances Gallo | | | Robert DeBlois | | | |
| Street Address | | | Street Address | | | |
| Central Falls School Dept 21 Hedley Avenue | | | 380 Prospect Street | | | |
| City | State | Ztp | City | State | Zip | |
| Central Falls | RI | 02863 | Seekonk | MA | 02771 | |
| 9. REGISTERED AGEN | IT IN RHODE ISLA | VD | | | 1 45-111 | |
| This information is curr | ently of record in the | Office of the Secretary | of State. Changes require filing | g of Form 641 - R.I.G.L. 7-6-13 | 3/7-6-78 | |
| | | nithan the Descident XC | | ······································ | | |

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

| | FILED | |
|----------------|--------------------------|------|
| File Date | JUN 2 3 2011 | |
| Check No By | 16393 | |
| | R SECRETARY OF STATE USE | ONLY |

| Under penalty of perjury, I declareport, including any accompanying | ng schedules and statem | e examined this ents, and that all |
|---|-------------------------|------------------------------------|
| statements contained herein are tri | ue and gorrect. | / |
| Thomas M | Bruda | 6/22/11 |
| Signature of Officer | . ———— | Date |
| Thomas M. Brady | | |
| Print or Type Name of Officer | · <u>·</u> | |
| President | | |
| Title of Officer | | |