



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>56963</b>		2. Exact name of the Corporation <b>URBAN COLLABORATIVE</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>ALTERNATIVE SCHOOL FOR AT-RISK STUDENTS</b>			
5. Principal office address <b>75 CARPENTER STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	
<b>6. OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
President Name <b>DR. FRAN GALLO SUPERINTENDENT</b>			Vice-President Name		
Street Address <b>ELLA RISK SCHOOL 949 DEXTER STREET</b>			Street Address		
City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>	City	State	Zip
Secretary Name <b>ROBERT DEBLOIS</b>			Treasurer Name <b>ROBERT DEBLOIS</b>		
Street Address <b>380 PROSPECT STREET</b>			Street Address <b>380 PROSPECT STREET</b>		
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
Director Name <b>DR. JUDITH LUNOSTEN SUPER</b>			Director Name <b>DR. FRAN GALLO SUPERINTENDENT</b>		
Street Address <b>CRANSTON SCHOOL DEPT. 645 PARK AVENUE</b>			Street Address <b>ELLA RISK SCHOOL 949 DEXTER STREET</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>
Director Name <b>DR. SUSAN LUSI SUPER</b>			Director Name		
Street Address <b>PROV SCHOOL DEPT 797 WESTMINSTER STREET</b>			Street Address		
City <b>PROV</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**

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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Robert DeBlois* 11/14/12  
 Signature of Officer Date

**ROBERT DEBLOIS**

Print or Type Name of Officer

**SECRETARY**  
 Title of Officer