



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000087435

2. Name of Corporation The Center for Mediation and Collaboration Rhode Island

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 500 BROAD STREET UNIT 4B

City or Town: PROVIDENCE

State: RI Zip: 02907 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO OFFER MEDIATION SERVICES AND TRAINING TO COMMUNITY RESIDENTS AND ORGANIZATIONS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	RUTHY KOHORN ROSENBERG	27 E MANNING ST PROVIDENCE , RI 02906 USA
TREASURER	KEVIN GALLAGHER	7 NUTMEG DRIVE JOHNSTON , RI 02919 USA

SECRETARY	JOSCELYNE KRAVITZ	125 ABBOTT ST PROVIDENCE , RI 02906 USA
CO PRESIDENT	NAN STARR	433 ELM ST STH DARTMOUTH, MA 02748 USA
DIRECTOR	BECKY MINARD	PO BOX 235 WEST POINT, MA 02791 USA
DIRECTOR	LORAIN DE LA PORTA	9 VALLEY VIEW CIRCLE CRANSTON , RI 02921 USA
DIRECTOR	WILLIAM YOST	13 BROADVIEW DR BARRINGTON, RI 02806 USA
DIRECTOR	SHANE LLYOD	9 ALUMINI AVE PROVIDENCE , RI 02906 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

TONYA HARRIS 500 BROAD STREET, UNIT B PROVIDENCE , RI 02907

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

Signed this 30 Day of April, 2014 at 10:27:40 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By TONYA HARRIS
Signature of Authorized Person

Form No. 631
Revised 09/07