

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2014

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.

700502		2. Exact name of the Corporation Academy for Career Expoloration					
790583							
. State of Incorporation		Brief description of the character of business conducted in Rhode Island					
रा	Charter S	School					
. Principal office address	1		City Providence	State RI	Zip 02903		
. LIST ALL OFFICERS (NAMES AND ADDR	ESSES) ("X" BOX F					
resident Name	7.021		Vice-President Name				
Paul R. Racicot			Jane Nugent				
treet Address			Street Address				
O Box 8745			1570 Westminster Street				
ity	State	Zip	City	State	Zip		
Providence	RI	02920	Providence	RI	02909		
Secretary Name			Treasurer Name				
treet Address			Street Address				
City	State	Zip	City	State	Zip		
		DRESSES). RHODE IS	SLAND CORPORATIONS MUST	IST NO LESS THAN	THREE (3) DIRECT		
("X" BOX FOR ATTACHMENT)			Director Name				
treet Address			Street Address				
City	State	Zip	City	State	Zip		
ector Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
					<u> </u>		
REGISTERED AGENT			tem of State Changes require fill	ing Form 641			
his information is curre	ntly of record in th	e Unice of the Secre	tary of State. Changes require fili ecretary, Assistant Secretary, Treas	ing Form 041.	Depresentative Con		

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Received or Trustee

File Date	FILED \	Under penalty of perjury, I declare and this report, including any accompanand that all statements contained he	ying schedules and statements,
Check No	MAY 0 6 2014	and a	5/1/29
FOR SECRETARY OF STATE USE ONLY	1618	Significant of Officer or Adinovaced Res	eventotive Date
4114	•	int or Type Name of Officer or Author	rized Representative

Form No. 831 How note: Bugget4



Academy for Career Exploration Board of Directors

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Academy for Career Exploration Board of Directors

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ACE Parent Association

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Mario F. Cirillo, Ed.D

Ex oficio*)

Academy for Career Exploration - Head of School

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