



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

Foreign Non-Profit
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. 000688951

2. Name of Corporation The National Center for the Improvement of Educational Assessment, Inc.

3. State of Incorporation

State: NH

4. Corporate Address in Rhode Island

No. and Street: 10 DORRANCE STREET
SUITE 350

City or Town: PROVIDENCE State: RI Zip: 02903 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

STANDARDS AND ASSESSMENT CONSULTATION AND TECHNICAL SUPPORT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BRIAN GONG	31 MOUNT VERNON STREET DOVER, NH 03820 USA
TREASURER	RICHARD HILL	31 MOUNT VERNON STREET DOVER, NH 03820 USA
TRUSTEE	PETER MCWALTERS	26 DIMAN PL PROVIDENCE, RI 02906 USA
TRUSTEE	MICHAEL NETTLES	ROSEDALE ROAD

		PRINCETON, NJ 08541 USA
VICE PRESIDENT	SCOTT MARION	31 MOUNT VERNON STREET DOVER, NH 03820 USA
TRUSTEE	HENRY BRAUN	2000 COMMONWEALTH AVE #1002 BRIGHTON, MA 02135 USA
TRUSTEE	MARK MUSICK	665 EAST PELHAM ROAD NE ATLANTA, GA 30324 USA
TRUSTEE	PEG GOERTZ	127 VOORHEES AVENUE PENNINGTON, NJ 08534-2738 USA
TRUSTEE	PETER WALCEK	15 GRADYS LN DOVER, NH 03820 USA
TRUSTEE	LAURESS WISE	40 RAGSDALE DRIVE, SUITE 150 MONTEREY, CA 93940 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**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 12 Day of May, 2014 at 9:37:43 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 BRIAN GONG
Signature of Authorized Person

Form No. 631
Revised 09/07