**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.** 000486474

**2. Name of Corporation** National Network of Digital Schools Management Foundation

**3. State of Incorporation**

State: PA

**4. Corporate Address in Rhode Island**

No. and Street: 155 SOUTH MAIN STREET, SUITE 301
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 294 MASSACHUSETTS AVENUE

City or Town: ROCHESTER State: PA Zip: 15074 Country: USA

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

TO RECEIVE AND ADMINISTER FUNDS FOR THE PURPOSE OF PROVIDING SERVICES IN A CYBER SCHOOL ENVIRONMENT

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| PRESIDENT | ROBERT CLEMENTS | 294 MASSACHUSETTS AVENUE<br>ROCHESTER, PA 15074 USA |
| TREASURER | ROBERT BICKERTON | 294 MASSACHUSETTS AVENUE<br>ROCHESTER, PA 15074 USA |
| SECRETARY | ROBERT BICKERTON | 294 MASSACHUSETTS AVENUE<br>ROCHESTER, PA 15074 USA |
| DIRECTOR | ROBERT CLEMENTS | 294 MASSACHUSETTS AVENUE |

| | | |
|---|---|---|
| | | ROCHESTER, PA 15074 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 13 Day of May, 2014 at 1:49:44 PM 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 MICHELLE DONATO
Signature of Authorized Person

Form No. 631
Revised 09/07

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