



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.

1. Entity ID No. 73089		2. Exact name of the Corporation Rhode Island Association of Private Special Education Schools			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island RIAPSES provides leadership in the development, implementation, and dissemination of policies and procedures for students with disabilities in non-public special education schools.			
5. Principal office address Ocean Tides 635 Ocean Road		City Narragansett		State RI	Zip 02882
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Dr. Celine Johnson		Vice-President Name Barbara M. Smith, Past President			
Street Address Ocean Tides 635 Ocean Road		Street Address Tavares Pediatric Center 101 Plain Street			
City Narragansett	State RI	Zip 02882	City Providence	State RI	Zip 02903
Secretary Name Erin Hughes		Treasurer Name Pamela Lawrence, Valley Community School			
Street Address 1196 Park Avenue		Street Address 249 Roosevelt Avenue			
City Cranston	State RI	Zip 02910	City Pawtucket	State RI	Zip 02860
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Marty Morris, The Providence Center School		Director Name Robert Mattis, St. Mary's Home for Children			
Street Address 520 Hope Street		Street Address 420 Fruit Hill Avenue			
City Providence	State RI	Zip 02906	City North Providence	State RI	Zip 02911
Director Name Walter Sage, High Road School of Providence		Director Name			
Street Address 100 Houghton Street		Street Address			
City Providence	State RI	Zip 02904	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
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, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____ BY _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAY 22 2014

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.

Barbara M. Smith 5/19/14
Signature of Officer or Authorized Representative Date

Barbara M. Smith
Print or Type Name of Officer or Authorized Representative