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.	2. Exact name of the Corporation
73089	**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	City	State	Zip
Ocean Tides 635 Ocean Road	**Narragansett**	**RI**	**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
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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

Form No. 631
Revised: 04/2014