

1. Entity ID No.

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.

2. Exact name of the Corporation

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

313137	INNOVATIVE SOLUTIONS FOR NON-PROFITS, INC.					
3. State of Incorporation		Brief description of the character of business conducted in Rhode Island				
DUODE IS: AND		Charitable purpose of benefiting and supporting organizations located in Rhode				
RHODE ISLAND	Island a	nd nearby southeaste	ern New England			
5. Principal office address 283 Mount Pleasant Avenue			City Providence	State RI	Zip 02908	
6. LIST ALL OFFICERS (N	MES AND ADD	RESCES) ("X" BOX FOR AT	TACHMENT)	· · · · · · ·		
President Name			Vice-President Name			
William R. Walter			None			
Street Address			Street Address			
283 Mt. Pleasant Aver	nue					
City	State	Zip	City	State	Zip	
Providence	RI	02908				
Secretary Name			Treasurer Name	<u>.</u>		
Dianne Sullivan			Richard Sullivan			
Street Address			Street Address			
34 River Avenue			32 Weetamore Drive			
City	State	Zip	City	State	Zip	
Saunderstown	RI	02874	Warwick	RI	02888	
("X" BOX FOR ATTACHN		DRESSES). RHODE ISLANI	O CORPORATIONS <u>MUST</u> LI	ST NO LESS THAN	THREE (3) DIRECTORS	
Director Name			Director Name			
William R. Walter			Karen Allen Baxter			
Street Address			Street Address			
283 Mt. Pleasant Aver	nue		18 Brett Drive			
City	State	Zip	City	State	Zip	
Providence	RI	02908	Scituate	RI	02825	
Director Name			Director Name			
Richard Sullivan			Dianne Sullivan			
Street Address			Street Address			
32 Weetamore Drive			34 River Avenue			
City	State	Zip	City	State	Zip	
Warwick	RI	02888	Saunderstown	RI	02874	
8. REGISTERED AGENT IN	RHODE ISLAND					
This information is current	y of record in th	e Office of the Secretary o	f State. Changes require filing	g Form 641.		
This report must be signed by or Trustee	either the Presid	lent, Vice-President, Secreta	ry, Assistant Secretary, Treasur	er, duly Authorized i	Representative, Receiver	
File Date FILED		FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.			
Check No		JUN 0 3 2014	- Alund	(Wellso	5/14/14	
FOR SECRETARY OF STA	TE USE ONLY	~ 225 h14	Signature of Officer or Auth	norized Representat	ive Date	
BY			William R. Walter, President			
Form No. 631 Revised: 04/2014			Print or Type Name of Office	cer or Authorized Re	epresentative	