



**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.** 000553467

**2. Name of Corporation** Prison Dharma Network, Inc.

**3. State of Incorporation**

State: MA

**4. Corporate Address in Rhode Island**

No. and Street: 11 S. ANGELL ST. #303

City or Town: PROVIDENCE

State: RI Zip: 02906 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**

TO PROVIDE MEDIATION AND OR MINDFULNESS AND AWARENESS BASED  
PROGRAMS FOR PRISONERS

**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      | FLEET MAULL                                    | 98 COLUMBIA AVENUE<br>CRANSTON, RI 02905 USA               |
| TREASURER      | MICHAEL BRADY                                  | 2387 POINT OF PINES DR<br>BOULDER, CO 80302 US             |
| SECRETARY      | FRANK RYAN                                     | 38 MAPLEWOOD AVENUE<br>NEWTON, MA 02459 USA                |
| VICE PRESIDENT | KATE CRISP                                     | 98 COLUMBIA AVE  |

**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**

KATE CRISP 98 COLUMBIA AVENUE CRANSTON , RI 02905

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

**Signed this 4 Day of June, 2014 at 4:11:50 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 KATE CRISP  
Signature of Authorized Person

Form No. 631  
Revised 09/07