



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. <u>56963</u>		2. Exact name of the Corporation <u>URBAN COLLABORATIVE</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Alternative School for at-risk students</u>	
5. Principal office address <u>75 Carpenter Street</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02903</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Dr. Fran Gallo Superintendent</u>		Vice-President Name	
Street Address <u>949 Dexter Street</u>		Street Address	
City <u>Central Falls</u>	State <u>RI</u> Zip <u>02863</u>	City	State Zip
Secretary Name <u>Robert DeBlois</u>		Treasurer Name <u>Robert DeBlois</u>	
Street Address <u>380 Prospect Street</u>		Street Address <u>380 prospect Street</u>	
City <u>Seekonk</u>	State <u>MA</u> Zip <u>02771</u>	City <u>Seekonk</u>	State <u>MA</u> Zip <u>02771</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>Dr. Judith Lundsten Super</u>		Director Name <u>Dr. Fran Gallo Superintendent</u>	
Street Address <u>845 Park Avenue</u>		Street Address <u>949 Dexter Street</u>	
City <u>Cranston</u>	State <u>RI</u> Zip <u>02910</u>	City <u>Central Falls</u>	State <u>RI</u> Zip <u>02863</u>
Director Name <u>Dr. Susan Lusi Super of Providence</u>		Director Name	
Street Address <u>797 Westminister Street</u>		Street Address	
City <u>Providence</u>	State <u>RI</u> Zip <u>02903</u>	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:	
FOR SECRETARY OF STATE USE ONLY	BY <u>1807B</u>

FILED

JUN 12 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.

Robert DeBlois 6/11/14
Signature of Officer or Authorized Representative Date

Robert DeBlois, Secretary
Print or Type Name of Officer or Authorized Representative