



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. 56963		2. Exact name of the Corporation URBAN COLLABORATIVE	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Alternative School for at-risk students	
5. Principal office address 75 Carpenter Street		City Providence	State RI
		Zip 02903	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Dr. Fran Gallo Superintendent		Vice-President Name	
Street Address 949 Dexter Street		Street Address	
City Central Falls	State RI	Zip 02863	
Secretary Name Robert DeBlois		Treasurer Name Robert DeBlois	
Street Address 380 Prospect Street		Street Address 380 prospect street	
City Seekonk	State MA	Zip 02771	
		City Seekonk	State MA
		Zip 02771	
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 Dr. Judith Lundsten Super		Director Name Dr. Fran Gallo Superintendent	
Street Address 845 Park Avenue		Street Address 949 Dexter Street	
City Cranston	State RI	Zip 02910	
		City Central Falls	State RI
		Zip 02863	
Director Name Dr. Susan Lusi Super of Providence		Director Name	
Street Address 797 Westminster Street		Street Address	
City Providence	State RI	Zip 02903	
		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

FILED

JUN 12 2014

180MB

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