



**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

**Non-Profit Corporation
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. 000822291

2. Name of Corporation The Starfish Collaborative

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: #

City or Town: # State: RI

Zip: 02908

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 EDUCATE AND SERVE UNDERSERVED AND UNDERREPRESENTED YOUNG INDIVIDUALS THROUGHOUT THE STATE, PROVIDING EDUCATION IN BASIC LIFE SKILLS THROUGH STRUCTURED PROGRAMMING AND COMMUNITY NETWORKING PROVIDING TRANSITIONAL HOUSING AND ASSISTANCE TO SUCH YOUNG INDIVIDUALS IN SECURING SAFE STABLE AND LONG TERM LIVING ARRANGEMENTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	MISTY G. DELGADO, ESQ.	317 IRON HORSE WAY, SUITE 301

		PROVIDENCE, RI 02908 USA
DIRECTOR	JOSHUA ROZA	420 LEDGE ROAD SEEKONK, MA 02771 USA
DIRECTOR	CHANNAVY CHHAY	22 TILLINGHAST ROAD EAST GREENWICH, RI 02818 USA

**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**

MISTY G. DELGADO, ESQ. 317 IRON HORSE WAY, SUITE 301 PROVIDENCE , RI 02908

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

Signed this 19 Day of June, 2014 at 10:52:53 AM 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 MISTY G. DELGADO, ESQ.
Signature of Authorized Person

Form No. 631
Revised 09/07