



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. 000790097

2. Name of Corporation Social Finance, Inc.

3. State of Incorporation

State: MA

4. Corporate Address in Rhode Island

No. and Street: 450 VETERANS MEMORIAL PARKWAY
SUITE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 77 SUMMER STREET
2ND FLOOR

City or Town: BOSTON State: MA Zip: 02110 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

CHARITABLE AND EDUCATIONAL PURPOSES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CHAIRPERSON AND DIRECTOR	BRACEBRIDGE YOUNG	77 SUMMER ST., 2ND FLOOR BOSTON, MA 02110 USA
PRESIDENT, DIRECTOR & CEO	TRACY PUN PALANDJIAN	77 SUMMER ST., 2ND FLOOR BOSTON, MA 02110 USA
TREASURER & DIRECTOR	DAVID BLOOD	77 SUMMER ST., 2ND FLOOR BOSTON, MA 02110 USA
VICE-CHAIRPERSON & DIRECTOR	SONAL SHAH	77 SUMMER ST., 2ND FLOOR

		BOSTON, MA 02110 USA
DIRECTOR	ALEX FRIEDMAN	77 SUMMER ST., 2ND FLOOR BOSTON, MA 02110 USA
DIRECTOR	SIR RONALD COHEN	77 SUMMER ST., 2ND FLOOR BOSTON, MA 02110 USA
DIRECTOR	LUTHER RAGIN	77 SUMMER ST., 2ND FLOOR BOSTON, MA 02110 USA
DIRECTOR	SANDRA URIE	77 SUMMER STREET, 2ND FLOOR BOSTON, MA 02110 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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 27 Day of June, 2014 at 11:17:55 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 TRACY PALANDJIAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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