



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. 000073369

2. Name of Corporation Independent Schools Association of Rhode Island

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 126 SOMERSET STREET

City or Town: PROVIDENCE

State: RI Zip: 02907 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 ENSURE A HIGH QUALITY EDUCATIONAL EXPERIENCE FOR STUDENTS AT MEMBER SCHOOLS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	DAN CORLEY	126 SOMERSET ST PROVIDENCE, RI 02907 USA
TREASURER	RALPH L WALES	45 MAXFIELD AVENUE EAST PROVIDENCE, RI 02914 USA

SECRETARY	CLARE BLACKMER	45 MAXFIELD AVE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	DAN MILLER	216 HOPE STREET PROVIDENCE, RI 02906 USA
DIRECTOR	MATT GLENDINNING	250 LLOYD AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	VINCE WATCHORN	660 WATERMAN STREET EAST PROVIDENCE, RI 02914 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**

DAN CORLEY COMMUNITY PREPARATORY SCHOOL 126 SOMERSET STREET PROVIDENCE , RI
02907

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

Signed this 15 Day of July, 2014 at 1:56:00 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 CLARE BLACKMER
Signature of Authorized Person

Form No. 631
Revised 09/07