



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.** 000516932

**2. Name of Corporation** Trinity Academy for the Performing Arts

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 158 MESSER STREET

City or Town: PROVIDENCE

State: RI

Zip: 02909

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 OWN AND OPERATE A CHARTER SCHOOL IN THE CITY OF PROVIDENCE FOR GRADES 7-12

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	Address
PRESIDENT	PETER KING	6 VILLA AVENUE PROVIDENCE, RI 02906 USA
SECRETARY	DEIRDRE NEWBOLD	8 ABBOT PARK PROVIDENCE, RI 02903 USA

DIRECTOR	ROBERT DEBLOIS	75 CARPENTER ST PROVIDENCE, RI 02903 USA
DIRECTOR	PETER MANDEL	239 TRANSIT ST PROVIDENCE, RI 02906 USA
DIRECTOR	RICHARDSON OGIDAN	393 BROAD ST PROVIDENCE, RI 02907 USA
DIRECTOR	DAN CORLEY	126 SOMERSET ST PROVIDENCE, RI 02907 USA
DIRECTOR	RON CANIGLIA	36 PARKWAY AVE PROVIDENCE, RI 02905 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**

RICHARDSON OGIDAN 393 BROAD 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 29 Day of July, 2014 at 2:22:21 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 ELLE PHOENIX  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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