



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. 000185112

2. Name of Corporation GALS, INC. (The Girls Athletic Leadership Schools)

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 3220 POST ROAD

City or Town: WARWICK

State: RI

Zip: 02886

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

THE DIRECTION AND CREATION OF AN INNOVATIVE NATIONAL NETWORK OF DAY SCHOOLS, PRINCIPALLY FOR GIRLS, THAT TEACH THE INTEGRATION OF INTELLECTUAL, PHYSICAL AND CREATIVE SPIRITS, URGING EACH STUDENT FORWARD ON A PATH OF ACHIEVEMENT AND PERSONAL FULFILLMENT.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	ELIZABETH WOLFSON	740 BELLA VISTA LOUISVILLE, CO 80027 USA

DIRECTOR	CHRISTA DOYLE	3746 PRAIRIE DUNES DRIVE SARASOTA, FL 34238 USA
DIRECTOR	ALEXANDRA MERLINO	PO BOX 2493 SANTA FE, NM 87504 USA
DIRECTOR	KATE SHOE	1628 CENTRAL AVE WILMETTE, IL 60091 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**

RAYMOND PETRARCA 3220 POST ROAD WARWICK , RI 02886

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

Signed this 9 Day of January, 2015 at 3:26:46 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 ROBIN D JONES
Signature of Authorized Person

Form No. 631
Revised 09/07

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