

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

OfAce of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

	Т				
1. Entity ID No.	2. Exact name of the Corporation				
006795113 The Field School for Social Innovation					
3. State of Incorporation	4. Brief description	on of the character of bu	isiness conducted in Rhode Island	- (((``	<i>c</i> .
	·			experie	ential promities
1 142	1000 - 000	Lil al L	and organization	1-earn	cha Loc
5. Principal orace address City State Zip					
6 Progress S	treat		City Pawtucket	State	Zip 67.860
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
			Vice-President Name		
Lisa Di Carlo			Kim Alter		
Street Address			Street Address		
6 Progress Street			4004 SE Yamhili Rd Street		
City	State	Zip	City	State	
tawhicket	State LI	02860	Portland	02	Zip 97214
Secretary Name			Treasurer Name		
Kathleen Shannon			Lisa Davlo		
Street Address			Street Address		
t Chantilly Drive			lo Procress Street		
Sarrington	State	Zip M206	Pawtucket	State	Zip 02860
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)					
Director Name			Director Name		
Kipp Bradford			Charly Adler		
Street Address			Street Address		
27 Latayette Street			6 Europe Street		
City	State	Zip 02860	City Providence	State RT	Zip 02903
Director Name			Director Name		
Lisa Dilarlo					
Street Address Lo Progress Street			Street Address		
	State	Zip - Q / N	City	State	Zip Single
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8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the OfAce of the Secretary of State. Changes require Aling Form 641.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative Receiver or Trustee					
Under penalty of perjury, I declare and afArm that I have examined					
File Date		APR 0 3 2015	this report, including any accom and that all statements contained	panying schee	dules and statements
Check No		246262	1.	Ω	12 \ \
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EOD SEODETARY OF STATE (ICE ONLY	3:02-	Signature of OfAcer or Authorized I	Representative	Date
FOR SECRETARY OF STATE U	DE ONLY	- •	1:5		
			1120 12, Carlo)	
Form No. 631			Print or Type Name of OfAcer or Au	ithorized Repre	esentative

Revised: 04/2014