



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office 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.

1. Entity ID No. 006795113		2. Exact name of the Corporation The Field School for Social Innovation	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island non-profit educational organization offering experiential learning opportunities	
5. Principal office address 6 Progress Street		City Pawtucket	State RI
		Zip 02860	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Lisa DiCarlo		Vice-President Name Kim Alter	
Street Address 6 Progress Street		Street Address 4004 SE Yamhill Rd Street	
City Pawtucket	State RI	City Portland	State OR
Zip 02860		Zip 97214	
Secretary Name Kathleen Shannon		Treasurer Name Lisa DiCarlo	
Street Address 7 Chantilly Drive		Street Address 6 Progress Street	
City Barrington	State RI	City Pawtucket	State RI
Zip 02806		Zip 02860	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Kipp Bradford		Director Name Charly Adler	
Street Address 27 Lafayette Street		Street Address 6 Europe Street	
City Pawtucket	State RI	City Providence	State RI
Zip 02860		Zip 02903	
Director Name Lisa DiCarlo		Director Name	
Street Address 6 Progress Street		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		Zip	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require Filing Form 641.			

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

FILED ←

2015 APR -3 PM 3:01
 SECRETARY OF STATE
 CORPORATIONS DIV

File Date _____

APR 03 2015

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Check No _____

By: _____

BY M 246262

Lisa DiCarlo

4/3/15

Signature of Officer or Authorized Representative

Date

3:02

FOR SECRETARY OF STATE USE ONLY

Lisa DiCarlo

Print or Type Name of Officer or Authorized Representative