



**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 2015**

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. <b>56963</b>		2. Exact name of the Corporation <b>Urban Collaborative</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Alternative school for at-risk students</b>			
5. Principal office address <b>75 Carpenter Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
President Name <b>Dr. Fran Gallo, Superintendent, Ella Risk School</b>			Vice-President Name		
Street Address <b>949 Dexter Street</b>			Street Address		
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	City	State	Zip
Secretary Name <b>Robert C. DeBlois</b>			Treasurer Name <b>Robert C. DeBlois</b>		
Street Address <b>380 Prospect Street</b>			Street Address <b>380 Prospect Street</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
Director Name <b>Dr. Fran Gallo, Superintendent, Ella Risk School</b>			Director Name <b>Dr. Susan Lusi, Superintendent, Providence School Dept.</b>		
Street Address <b>949 Dexter Street</b>			Street Address <b>797 Westminster Street</b>		
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>Dr. Judith Lundsten, Superintendent, Cranston School Dept.</b>			Director Name		
Street Address <b>845 Park Avenue</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filling Form 641.					

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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

MAY 18 2015

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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.

*Robert C. DeBlois*

Signature of Officer or Authorized Representative

May 14 2015

Date

**Robert C. DeBlois, Treasurer and Secretary**

Print or Type Name of Officer or Authorized Representative