



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

Foreign Non-Profit
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: 2015

1. Corporate ID No. 000803258

2. Name of Corporation Center for Children's Law and Policy Inc

3. State of Incorporation

State: DC

4. Corporate Address in Rhode Island

No. and Street: 1701 K STREET NW, SUITE 1100

City or Town: WASHINGTON

State: RI Zip: 20006 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 1701 K STREET NW, SUITE 1100

City or Town: WASHINGTON State: Zip: 20006 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE OVERSIGHT AND GUIDANCE TO JUVENILE JUSTICE FACILITIES AND SYSTEMS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KRISTIN HENNING	600 NEW JERSEY AVENUE NW WASHINGTON, DC 20006 USA
SECRETARY	KALI N. BRACEY	1700 G STREET NW WASHINGTON, DC 20552 USA
VICE PRESIDENT	MARK SOLER	1701 K ST NW WASHINGTON, DC 20006 USA
DIRECTOR	WILBURN CHESSE	1200 NINETEENTH ST NW

		WASHINGTON, DC 20036 USA
DIRECTOR	SAM FIGLER	63 SUMMER ST NEWTON, MA 02459 USA
DIRECTOR	CHRISTOPHER NORTON	1200 NINETEENTH ST NW WASHINGTON, DC 20036 USA
DIRECTOR	NATALIA PALACIOS	405 EMMET STREET CHARLOTTESVILLE, VA 22904 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**

INCorp SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 4 Day of June, 2015 at 4:33:11 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 KRISTIN HENNING
Signature of Authorized Person

Form No. 631
Revised 09/07