

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 JUL

1. Entity ID No.	2. Exact na	ame of the Corporation					
508701	Rhode I	Rhode Island Mayoral Academy (sm) Blackstone Valley					
3. State of Incorporation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Exclusi	vely for educatio	nal purposes.				
5. Principal office address 291 Broad Street			City Cumberland	State RI	Zip 02864		
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President Name			Vice-President Name				
Street Address			Street Address		2015	2 4 A	
City	State	Zip	City	State	Zip	0.13	
Secretary Name		· · · · · · · · · · · · · · · · · · ·	Treasurer Name		<u>\</u>	577	
Daniel C. Waugh			David Lauck			出入門	
Street Address		-	Street Address		- 3	-995	
160 Westminster Street, Suite 400			343 West Wrentham	Road	~~	SO	
City	State	Zip	City	State	Zip	크-	
Providence	RI	02903	Cumberland	RI	02864	<==	
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Director Name			Director Name				
Daniel J. McKee			John Morton, M.D.				
Street Address			Street Address				
12 Hillside Road			174 Armistice Boulevard				
City	State	Zip	City	State	Zip		
Cumberland	RI	02864	Pawtucket	RI	02860		
Director Name T. Joseph Almond			Director Name		·		
Street Address			Street Address				
00 Old River Road							
City	State	Zip	City	State	Zip		
incoln.	RI	02865					
ਅਤੇਵਰੀਲਮੁਖਤੀ <u>ਰ</u> ਾਨ/ਖੇਤ/ਮੁ					3333		
his information is curre	ntly of record in the	Office of the Secret	ary of State. Changes require filln	g Form 641.	na a mani diamental samuelare	d committation of Children	
his report must be signed	by either the Preside	ent, Vice-President, Se	cretary, Assistant Secretary, Treasu	rer duly Authorized P	Ponrogania ii	Danahar	

or Trustee

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Form No. 631 Revised: 04/2014

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.

Signature of Officer or Authorized Representative

Daniel C. Waugh, Secretary

nint or Type Name of Officer or Authorized Representative

Exhibit A

Rhode Island Mayoral Academy (sm) Blackstone Valley

NAME	OFFICE	ADDRESS
Jeremy Chiappetta	Executive Director	7 Fatima Drive Cumberland, Rhode Island 02864
Silvia Cuello	Assistant Secretary	7 Fatima Drive Cumberland, Rhode Island 02864
James Diossa	Director	580 Broad Street Central Falls, Rhode Island 02863
Julie Casimiro	Director	621 Dexter Street Central Falls, Rhode Island 02863
Jessica Waters	Director	160 Westminster Street, Suite 202 Providence, Rhode Island 02903
Michael Magee	Director	160 Westminster Street, Suite 202 Providence, Rhode Island 02903
Joshua J. Giraldo	Director	580 Broad Street Central Falls, Rhode Island 02863
William S. Murray	Director	45 Broad Street Cumberland, Rhode Island 02864
Michael Gwynn	Director	One Ben Mondor Way Pawtucket, Rhode Island 02860