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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.	2. Exact name of the Corporation
30710	**University of Providence**
3. State of Incorporation: **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island: **Educational**

5. Principal office address	City	State	Zip
1 Cunningham Square	**Providence**	**RI**	**02918-0001**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒

President Name	Street Address	City	State	Zip
Rev. Brian J. Shanley, O.P.	**1 Cunningham Square**	**Providence**	**RI**	**02918-0001**

Vice-President Name	Street Address	City	State	Zip
John M. Sweeney	**1 Cunningham Square**	**Providence**	**RI**	**02918-0001**

Secretary Name	Street Address	City	State	Zip
Rev. Kenneth R. Sicard, O.P.	**1 Cunningham Square**	**Providence**	**RI**	**02918-0001**

Treasurer Name	Street Address	City	State	Zip
Rev. Kenneth R. Sicard, O.P.	**1 Cunningham Square**	**Providence**	**RI**	**02918-0001**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
J. Peter Benzi	**One Park Avenue, 12th Floor**	**New York**	**NY**	**10016**

Director Name	Street Address	City	State	Zip
John F. Killian, Chair, Board of Trustees	**14854 Bellezza Lane**	**Naples**	**FL**	**334110**

Director Name	Street Address	City	State	Zip
Christopher K. Reilly, Vice Chair, Board of Trustees	**104 Field Point Road**	**Geenwich**	**CT**	**06830**

Director Name	Street Address	City	State	Zip
Maureen Davenport Corcoran	**140 Shaw Road**	**Chestnut Hill**	**MA**	**02467**

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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUL 02 2015
BY 215878

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 — Date 6/24/15

Marifrances McGinn, Esq.
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised 04/2014

Marifrances McGinn, Esq.
Assistant Secretary
1 Cunningham Square
Providence, RI 02918-0001