



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

Non-Profit Corporation
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. 000798377

2. Name of Corporation RHODE ISLAND STEAM ACADEMY, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 501

City or Town: NEWPORT

State: RI

Zip: 02840

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

OPERATE A STATE-CHARTERED CHARTER SCHOOL IN NEWPORT COUNTY, THE STATE OF RHODE ISLAND, SERVING STUDENTS IN THE GRADES K THROUGH 6.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL J CULLEN	19 BAYSIDE AVE NEWPORT, RI 02840 USA
TREASURER	KAREN CHANG	315 BROADWAY #2 NEWPORT, RI 02840 USA

SECRETARY	ELIZABETH EVANS CULLEN	19 BAYSIDE AVE NEWPORT, RI 02840 USA
VICE PRESIDENT	MARCO T CAMACHO	55 EVARTS ST NEWPORT, RI 02840 USA
DIRECTOR	STEPHEN E ARENDT	5 TROUT DR MIDDLETOWN, RI 02842 US
DIRECTOR	MICHAEL J CULLEN	19 BAYSIDE AVE NEWPORT, RI 02840 USA
DIRECTOR	KAREN CHANG	315 BROADWAY #2 NEWPORT, RI 02840 USA
DIRECTOR	ELIZABETH EVANS CULLEN	19 BAYSIDE AVE NEWPORT, RI 02840 USA
DIRECTOR	MARCO CAMACHO	55 EVARTS ST NEWPORT, RI 02840 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**

MICHAEL J. CULLEN 19 BAYSIDE AVENUE NEWPORT , RI 02840

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

Signed this 24 Day of August, 2015 at 6:13:05 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 MICHAEL J CULLEN
Signature of Authorized Person

Form No. 631
Revised 09/07