RI SOS Filing Number: 201588789170 Date: 12/01/2015 3:44 PM

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. 000064888

2. Name of Corporation West Bay Collaborative

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 144 BIGNALL STREET
City or Town: WARWICK State: RI Zip: 02888 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

TO SUPPORT EDUCATION IN NINE PUBLIC SCHOOL DISTRICTS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	JEANNINE NOTA-MASSE	845 PARK AVENUE CRANSTON, RI 02910 USA
DIRECTOR	PHILIP THORNTON	34 WARWICK LAKE AVENUE WARWICK, RI 02889 USA
DIRECTOR	LISA VARGAS-SINAPI	797 WESTMINSTER STREET

		PROVIDENCE, RI 02903 USA
DIRECTOR	KAREN TARASEVICH	10 HARRIS AVENUE WEST WARWICK, RI 02893 USA
DIRECTOR	PAUL LESCAULT	PO BOX 188 NORTH SCITUATE, RI 02857 USA
DIRECTOR	MICHAEL CONVERY	1675 FLAT RIVER ROAD COVENTRY, RI 02816 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

KAREN G. OSTROFF 144 BIGNALL STREET 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 1 Day of December, 2015 at 3:46:11 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 KAREN OSTROFF
Signature of Authorized Person

Form No. 631
Revised 09/07