



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number <u>114646</u>		2. Exact name of the Corporation <u>SOPHIA ACADEMY</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>MIDDLE SCHOOL FOR GIRLS FROM LOW INCOME FAMILIES</u>			
5. Principal Office Address <u>58 V ELMWOOD AVE</u>		City <u>PROVIDENCE</u>		State <u>RI</u>	Zip <u>02907</u>
6. List ALL officers (names and addresses). Check the box to indicate an attachment ☒					
President Name <u>SARA SHEA MCCONNELL</u>		Vice-President Name <u>KATE SZOSTAK GERENCSEK</u>			
Street Address <u>SEE ATTACHED FOR ADDRESSES</u>		Street Address			
City	State	Zip	City	State	Zip
Secretary Name <u>KIM PERRY</u>		Treasurer Name <u>JOEL E LEBON</u>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name <u>SEE ATTACHED</u>		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <u>GIGI DIBELLO HEAD OF SCHOOL</u>				Date <u>5/16/2016</u>	
Signature of Officer/Authorized Representative <u>[Signature]</u> SIGN DOCUMENT HERE					

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BY 9543

2015-2016 Sophia Academy Board of Directors List

Officers:

President

Sara Shea McConnell (16, 2nd Term)

750 Elmgrove Avenue

Providence, RI 02906

401-521-5655 (h)

401-374-7681 (c)

sarasheamcconnell@gmail.com

1st Vice-President:

Kate Szostak Gerencser (16, 1st Term)

121 Laurel Avenue

Providence, RI 02906

617- 834-4100 (c)

kategerencser@gmail.com

Treasurer:

Joel E. Legon (17, 1st Term)

43 Chapin Road

Barrington, RI 02806

978-815-0345

jelegon@cs.com

2nd Vice-President:

Karen A. Pelczarski (16, 1st Term)

Law Office of Karen Pelczarski

320 South Main Street

Providence RI 02903

401-323-8920 (w)

karen@kpelaw.com

Secretary:

Kim Perry (17, 3rdTerm)

252 Blackstone Boulevard

Providence, RI 02906

401-454-1609 (h), 401-292-4431 (w)

Kim.Perry@FMR.com

Members:

Kristin E. Abdel-Aziz, AIC (17, 1st Term)

70 Jefferson Road

Franklin, MA 02038

484-942-8222

KABDEL-AZIZ@AMICA.com

Sr. M. Therese Antone (16, 1st Term)

Chancellor

Salve Regina University

518 Bellevue Avenue

Newport, RI 02840

401-341-2344 (w)

therese.antone@salve.edu

assistant: Anne Decotis 401-341-2337

anne.decotis@salve.edu

Kiah Bryant (16, 1st Term)

56 Towanda Drive

North Providence, RI 02911

401-871-1652 (c)

kiah.bryant4@gmail.com

Erin T. Chace (17, 2nd Term)

78 East Orchard Avenue

Providence, RI 02906

401-421-4351 (c) 578-9800

erintchace@gmail.com

Dawn Clifton (17, 2nd Term)

111 Cass Street

Providence, RI 02905

401-473-9472 (c)

401-467-6265 (h)

dcli23@yahoo.com

Barbara Creati (16, 3rd Term)

65 Shirley Boulevard

Cranston, RI 02910

401.714.3754 (c)

401.785.9608 (h)

bt48@aol.com

Gigi DiBello- Ex Officio

Sophia Academy, Head of School

582 Elmwood Avenue

Providence, RI 02907

401-784-0021 (w), 401-743-7945 (c)

gdibello@sophia-academy.org

Alison Eichler (18, 1st Term)

50 Benefit Street

Providence, RI 02904

973-214-1184 (c)

alisoncichler@gmail.com

Suzanne Fogarty	Joy Fox (17, 3rd Term)
Head of School	1031 Narragansett Parkway
Lincoln School	Warwick, RI 02888-4725
301 Butler Avenue	(h)401-499-1114 (w) 401-222-2397
Providence, RI 02906	sionnach77@gmail.com
401-331-9696	
sfogarty@lincolnschool.org	
Peter A Frazier (16, 2nd Term)	Stephanie Gonzalez (17, 1st Term)
General Counsel	72 School Street
RHODE ISLAND AIRPORT CORP.	Central Falls, RI 02863
2000 Post Road	401-626-7220
Warwick, Rhode Island 02886-1533	gonzalezs0906@gmail.com
401-243-3829 ©	
401-691-2287 (w)	
401-691-2575 (f)	
pfrazier@pvdairport.com	
Anjali K. Gupta (15, 1st Term)	JoAnn Johnson (15, 1st Term)
180 Taber Avenue	17 Howard Hill Road
Providence, RI 02906	Foster, RI 02825
617-947-1745 (c)	401-397-4572 (c)
anjalikgupta2010@gmail.com	joannjoh@gmail.com
Suzanne Magaziner (15, 2nd Term)	Matthew T. Marcello, III (16, 1st Term)
184 Poppasquash Rd.	Hinckley, Allen & Snyder LLP
Post Office Box 319	50 Kennedy Plaza, Suite 1500
Bristol, RI 02809	Providence, RI 02903
401-573-5288 (cell)	401-274-2000 (w)
401-253-3084 (h)	mmarcello@hinckleyallen.com
smmagaziner@gmail.com	
Marifrances McGinn (16, 1st Term)	Suzanne. Y. Murray (16, 1st Term)
Vice President and General Counsel	94 Congdon Street
Providence College	Providence, RI 02906
One Cunningham Square	401- 861-8004 (h)
Providence, RI 02918	Summer:
401-865-2774 (W)	33 Peaked Rock Lane
401- 529-6322 (cell)	Narragansett, RI 02882
mfmcginn@providence.edu	(401) 783-1838 (h)
	symxmas40@gmail.com
Dr. Robert Naparstek (17, 1st Term)	Dania Sanchez, '04 (17, 2nd Term)
10 W. Cushing Street	376 Prairie Avenue
Providence, RI 02906	Providence, RI 02905
781-799-0528 (C)	401-440-8224 (c)
robert.naparstek@gmail.com	ddsanc@aim.com
ON LEAVE 2015-2016	
Karen A. Santilli, (15, 1st Term)	
Vice President of Marketing and Development	
Crossroads Rhode Island	
160 Broad Street	
Providence, RI 02903	
401- 277-4328	
ksantilli@crossroadsri.org	

Barbara B. Schoenfeld (16, 1st Term)	Toby B. Simon (17, 2ndTerm)
100 Exchange Street, Unit 607	One Wayland Avenue, Unit 210 South
Providence, RI 02903	Providence, RI 02906
401-273-9876 (w)	401-273-0823
401-274-0299 (h)	tbssays@gmail.com
bschoenfeld@saffron-llc.com	
Joan W. Sorensen (16, 1st Term)	
167 Power Street	
Providence, RI 02906	
401-273-3222 (H), 401-374-3801 (Cell)	
June - October	
Puerta Del Sol, Deer Isle, ME 04627	
207-348-0933 (h)	
jwsorens17@gmail.com	