

State of Rhode Island and Providence Plantations

# Department of State - Business Services Division

### Annual Report for the year: 2016 Non-Profit Corporation

→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

-> Penalty: Additional \$25,00 fee if form is not filed by July 30.

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1. Entity ID Number	1	ne of the Corporati			
197782	The Center for Dynamic Learning, Inc.				
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island Educational youth organization				
Rhode Island	providing before, during and after and out of school time programs w/ emphasis on performing, visual arts, sciences, engineering				
5. Principal Office Address			City	State	Zip
Louisa Street		Providence	RI	02905	
6. List ALL officers (names and a	ddresses)			Check the box to i	ndicate an attachment 🗸
President Name Elizabeth Cunha		Vice-President Name None			
Street Address 1 Louisa Street			Street Address		
City Providence	State RI	<sup>Zip</sup> 02905	City	State	Zip
Secretary Name Jennifer Greenwood		Treasurer Name Kevin Cunha			
Street Address 1 Louisa Street		Street Address 1 Louisa Street			
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02905	City Providence	State RI	<sup>Zip</sup> 02905
7. List ALL directors (names and	addresses). R	I Corporations ML	JST list at least THREE dire	ectors. Check the box	to indicate an attachment
Director Name Elizabeth Cunha			Director Name Kevin Cunha		
Street Address 1 Louisa Street		Street Address 1 Louisa Street			
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02905	City Providence	State RI	<sup>Zíp</sup> 02905
Director Name Dr. Frances Gailo			Director Name Jennifer Greenwood		
Street Address 1 Louisa Street			Street Address 1 Louisa Street		
City Providence	State RI	<sup>Zip</sup> 02905	City Providence	State RI	<sup>Zip</sup> 02905
8. Registered Agent in Rhode Isla	and. This inform	nation is currently of	record in the Department of St	ate. Changes require filin	g Form 641.
Under penalty of perjury, I dec statements, and that all statem				ng any accompanyin	g schedules and
This report must be signed by either the P				horized Representative, Rece	eiver or Truslee.
Name of Officer/Authorized Representative				Date	
Clizabeth Cunha				July <u>20</u>	, 2016
Signature of Officer/Authorized R	epresentative			I	
Chapeth	Cens	SIGN DO	CUMENT HERE		

**FILED** 

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Phone: (401) 222-3040 Website: www.sos.ri.gov

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

MAIL TO:

### NON PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Additional Information Sheet 1 of 1

## THE CENTER FOR DYNAMIC LEARNING, INC.

CORPORATE I.D. No: 197782

### 6. List ALL officers (names and addresses) (cont.)

Name	Address	Title
Elizabeth Cunha	1 Louisa Street Providence, RI 02905	Executive Director
Kevin Cunha	1 Louisa Street Providence, RI 02905	COO
Ashley M. Taylor, Esquire	1 Louisa Street Providence, RI 02905	Chair
Kaydi McQuade	1 Louisa Street Providence, RI 02905	Vice Chair

### 7. List ALL directors (names and addresses) (cont.)

Name .	Address
Kaydi McQuade	1 Louisa Street Providence, RI 02905
Ashley M. Taylor, Esquire	1 Louisa Street Providence, RI 02905
Thomas J. Tuytschaevers, Esq.	1 Louisa Street Providence, RI 02905
Eric Wagner	1 Louisa Street Providence, RI 02905
Kelly Whaley	1 Louisa Street Providence, RI 02905