



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

**Foreign Non-Profit  
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:** 2016

**1. Corporate ID No.** 001336042

**2. Name of Corporation** The Achievement Network, Ltd.

**3. State of Incorporation**

State: MA

**4. Corporate Address in Rhode Island**

No. and Street: 450 VETERANS MEMORIAL PARKWAY  
SUITE 7A

City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 225 FRIEND STREET  
SUITE 704

City or Town: BOSTON State: MA Zip: 02114 Country: USA

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

WORKS ALONGSIDE SCHOOL LEADERSHIP TEAMS TO STRENGTHEN THEIR SCHOOL WIDE PRACTICE AND CULTURE OF USING LEARNING STANDARDS AND ACHIEVEMENT DATA TO GET BREAKTHROUGH RESULTS FOR STUDENTS IN LOW INCOME COMMUNITIES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	STEVE KRAUS	225 FRIEND STREET, SUITE 704 BOSTON, MA 02114 USA
TREASURER	MICHAEL BISON	225 FRIEND STREET, SUITE 704 BOSTON, MA 02114 USA

SECRETARY	EILEEN RUDDEN	225 FRIEND STREET, SUITE 704 BOSTON, MA 02114 USA
CEO	MORA SEGAL	225 FRIEND STREET, SUITE 704 BOSTON, MA 02114 USA
CFO	NATASHA T WILLIAMS	225 FRIEND STREET, SUITE 704 BOSTON, MA 02114 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**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 9 Day of January, 2017 at 10:24:45 AM 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 STEVE KRAUS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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