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

Annual Report for the year: 2017
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.

1. Entity ID Number	2. Exact name of the Corporation
313137	**INNOVATIVE SOLUTIONS FOR NON-PROFITS, INC.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	**Charitable purpose of benefiting and supporting organizations located in Rhode Island and nearby southeastern New England**

5. Principal Office Address	City	State	Zip
121 Brayton Avenue	**Cranston**	**RI**	**02920**

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name **William R. Walter**			Vice-President Name **None**		
Street Address **121 Brayton Avenue**			Street Address		
City **Cranston**	State **RI**	Zip **02920**	City	State	Zip
Secretary Name **Peter Coop**			Treasurer Name **Richard Sullivan**		
Street Address **15 Washington Street**			Street Address **32 Weetamore Drive**		
City **North Kingstown**	State **RI**	Zip **02852**	City **Warwick**	State **RI**	Zip **02888**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **William R. Walter**			Director Name **Karen Allen Baxter**		
Street Address **121 Brayton Avenue**			Street Address **18 Brett Drive**		
City **Cranston**	State **RI**	Zip **02920**	City **Scituate**	State **RI**	Zip **02825**
Director Name **Richard Sullivan**			Director Name **Peter Coop**		
Street Address **32 Weetamore Drive**			Street Address **15 Washington Street**		
City **Warwick**	State **RI**	Zip **02888**	City **North Kingstown**	State **RI**	Zip **02852**

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	Date
William R. Walter	**May 3, 2017**

Signature of Officer/Authorized Representative

FILED
10:55 MAY 08 2017
BY 303107

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 02/2017