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: William R. Walter

R.I. DEPT. OF STATE BUSINESS SERVICES DIV. 2017 MAY 8 AM 10:52

FILED
10:55 MAY 08 2017
BY 303107

MAIL TO:
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FORM 631 - Revised: 02/2017