



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 506878		2. Exact name of the Corporation Cowden Street Collaborative, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Public Charter School, serving grades 6-8.			
4. NAICS Code 611110 - Elementary and					
6. Principal Office Address 325-361 Cowden Street		City Central Falls		State RI	Zip 02863
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name Tabitha Elefsiades			Vice-President Name		
Street Address 161 Valley Street, Apt. 2			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name David Ahlborn			Director Name Maria Cruz		
Street Address 416 Eaton Street			Street Address 41 Swift Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02904
Director Name William Flug			Director Name Kevin Kazarian		
Street Address 12 Whalen Drive			Street Address 329 Central Street		
City Lincoln	State RI	Zip 02865	City Central Falls	State RI	Zip 02863
9. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Tabitha Elefsiades, President					Date May 24, 2017
Signature of Officer/Authorized Representative 					

MAIL TO:

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

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2015-2016 BOARD OF DIRECTORS CONTACT LIST**

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G. Rivera
Staff Board Secretary