



**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

**Non-Profit Corporation
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: 2017

1. Corporate ID No. 000979939

2. Name of Corporation Shambhala USA

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

81

4. Corporate Address in Rhode Island

No. and Street: PO BOX 40893

City or Town: PROVIDENCE

State: RI

Zip: 02940

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO SPREAD AWARENESS OF HOW CRITICAL A ROLE EARLY CHILDHOOD PLAYS IN ALL ASPECTS OF A PERSON'S DEVELOPMENT. TO HELP CREATE A COMPREHENSIVE EARLY CHILDHOOD SYSTEM OF SUPPORTS AND SERVICES CENTERED AROUND PARENTS AND CHILDREN, THAT WILL KEEP RHODE ISLAND'S CHILDREN ON A HEALTHY DEVELOPMENTAL TRAJECTORY TO MAXIMIZE THEIR FUTURE SUCCESS IN SCHOOL AND LIFE. TO PROVIDE COMPREHENSIVE RESEARCH SUPPORT ACROSS THE ENTIRE EARLY CHILDHOOD SPECTRUM BY PROVIDING A FULL ARRAY OF SERVICES AT THE PROGRAM LEVEL, AND PROVIDING THE SYSTEM-WIDE DATA ANALYSIS

NEEDED TO SUPPORT FULLY INFORMED POLICY DECISIONS AT THE SYSTEM LEVEL.
TO BROADEN WHAT WE KNOW ABOUT THE DETERMINANTS OF EARLY CHILDHOOD
HEALTH AND WELL-BEING, AND FACILITATE INNOVATIVE, COLLABORATIVE
PROGRAMS THAT WILL POSITIVELY IMPACT ALL RI CHILDREN AND SERVE AS A
MODEL FOR THE REST OF THE NATION.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
CEO	DAVID MARGOLIS	PO BOX 40893 PROVIDENCE, RI 02940 USA
DIRECTOR	PETER SIMON	1 WAYLAND AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	WILLIAM HOLLINSHEAD	122 MARTIN ST REHOBETH, MA 02769 USA
DIRECTOR	DAVID MARGOLIS	PO BOX 40893 PROVIDENCE, RI 02940 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

DR. MITCHELL LEVY 160 SLATER AVENUE PROVIDENCE , RI 02906

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

Signed this 8 Day of June, 2017 at 12:26:48 PM 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 DAVID MARGOLIS
Signature of Authorized Person

Form No. 631
Revised 09/07