

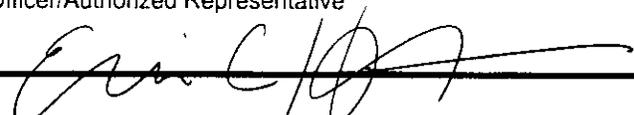


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUN 13 PM 12:35

1. Entity ID Number 866223		2. Exact name of the Corporation Innovative Policy Lab			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The non-profit conducts economic research and provides economic and public policy consulting to government and private entities.			
4. NAICS Code 541720					
6. Principal Office Address PO Box 2673			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Justine Hastings			Vice-President Name		
Street Address 155 Brown Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Erin Hastings			Treasurer Name		
Street Address 155 Brown Street			Street Address		
City Providence	State RI	Zip 02906	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 <input type="checkbox"/>					
Director Name Justine Hastings			Director Name Jason Ghassemi		
Street Address 155 Brown Street			Street Address 17 Bleeker, Apt 4W		
City Providence	State RI	Zip 02906	City New York	State NY	Zip 10012
Director Name Erin Hastings			Director Name		
Street Address 155 Brown Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
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 Erin Hastings					Date
Signature of Officer/Authorized Representative 					

FILED
 JUN 13 2017

BY *[Signature]* 305909