



**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. 000794994

2. Name of Corporation College Unbound

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
813319

4. Corporate Address in Rhode Island

No. and Street: C/O THE MET SCHOOL
325 PUBLIC STREET

City or Town: PROVIDENCE State: RI Zip: 02905 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

THE RESEARCH, DESIGN AND DEVELOPMENT OF NEW IDEAS IN HIGHER EDUCATION AND EMPLOYMENT; AND ANY ACTIVITIES ANCILLARY AND RELATED TO SUCH PURPOSE AND WHICH FALL UNDER THE NON-PROFIT GUIDELINES OF THE INTERNAL REVENUE SERVICE OF THE UNITED STATES AND OF THE STATE OF RHODE ISLAND.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT L. CAROTHERS MD	468 KINGSTOWN ROAD, #10 WAKEFIELD, RI 02879 USA
TREASURER	PAT KIDDER	39 WARNER STREET NEWPORT, RI 02840 USA
SECRETARY	CEDRICK HUNTLEY	674 PRAIRIE AVENUE PROVIDENCE, RI 02905 USA
ASSISTANT SECRETARY	KAS R. DECARVALHO	317 IRON HORSE WAY, SUITE 301 PROVIDENCE, RI 02908 USA
VICE PRESIDENT	PAT KIDDER	39 WARNER STREET NEWPORT, RI 02840 USA
DIRECTOR	OJETTA ROGERIEE THOMPSON	ONE COURTHOUSE WAY BOSTON, MA 02210 USA
DIRECTOR	ELLIOT WASHOR	10930 VIACHA COURT SAN DIEGO, CA 92124 USA
DIRECTOR	NANCY BAIN-DIAZ	228 BURDICK DRIVE CRANSTON, RI 02920 USA
DIRECTOR	PAT KIDDER	39 WARNER STREET NEWPORT, RI 02840 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**

KAS R. DECARVALHO, ESQ. 1301 ATWOOD AVENUE, SUITE 215N NORTHWOODS OFFICE PARK
JOHNSTON , RI 02919

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

Signed this 26 Day of July, 2017 at 10:05:07 AM 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 KAS R. DECARVALHO
Signature of Authorized Person

Form No. 631
Revised 09/07