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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE**

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DEPT. OF STATE
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1. Entity ID No.	2. Exact name of the Corporation
966899	**Consortium for Advanced Studies Abroad**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Foster and conduct international study programs**

5. Principal office address	City	State	Zip
69 Brown Street	**Providence**	**RI**	**02912**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Kendall W. Brostuen	
Street Address: **69 Brown Street**	Street Address:
City: **Providence** State: **RI** Zip: **02912**	City: State: Zip:
Secretary Name:	Treasurer Name: **Kendall W. Brostuen**
Street Address:	Street Address: **69 Brown Street**
City: State: Zip:	City: **Providence** State: **RI** Zip: **02912**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Camila Nardozzi, Harvard University	
Street Address: **77 Dunster Streeet**	Street Address:
City: **Cambridge** State: **MA** Zip: **02138**	City: State: Zip:
Director Name: **Kristen Grace, Cornell University**	Director Name: **Lori Citti, Johns Hopkins University**
Street Address: **300 Caldwell Hall**	Street Address: **Levering Annex, Suite 04B**
City: **Ithaca** State: **NY** Zip: **14853**	City: **Baltimore** State: **MD** Zip: **21218**

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

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BY 309030

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.

6/29/17
Signature of Officer or Authorized Representative Date

Kendall W. Brostuen
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014