



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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 JUL 26 AM 11:27

1. Entity ID No. 966899		2. Exact name of the Corporation Consortium for Advanced Studies Abroad			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Foster and conduct international study programs			
5. Principal office address 69 Brown Street		City Providence		State RI	Zip 02912
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kendall W. Brostuen			Vice-President Name		
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) <input type="checkbox"/>					
Director Name Camila Nardozzi, Harvard University			Director Name		
Street Address 77 Dunster Street			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.
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JUL 26 2017

CK 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.

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

Kendall W. Brostuen

Print or Type Name of Officer or Authorized Representative