



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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SECRETARY OF STATE
CORPORATIONS DIV

2018 JAN -2 PM 2: 22

1. Entity ID Number 755113		2. Exact name of the Corporation The Field School for Social Innovation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island We provide multidisciplinary learning and experiential education that introduces students to social innovation as a catalyst for social change.			
4. NAICS Code 813319					
6. Principal Office Address 29 Thayer Street		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 Lisa Di Carlo		Vice-President Name Kim Alter			
Street Address 29 Thayer Street		Street Address 4004 SE Yamhill Street			
City Providence	State RI	Zip 02906	City Portland	State OR	Zip 97214
Secretary Name		Treasurer Name Kathleen Shannon			
Street Address		Street Address 7 Knephton Street			
City	State	Zip	City Barrington	State RI	Zip 02806
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 Lisa Di Carlo		Director Name Kipp Bradford			
Street Address 29 Thayer Street		Street Address 27 Lafayette Street			
City Providence	State RI	Zip 02906	City Pawtucket	State RI	Zip 02960
Director Name Charly Adler		Director Name			
Street Address Le Europe Street		Street Address			
City Providence	State RI	Zip 02903	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Lisa Di Carlo				Date 1/2/2018	
Signature of Officer/Authorized Representative Lisa Di Carlo					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website www.sos.ri.gov

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BY C21438914