

1. Corporate ID No. 125206

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

2. Name of Corporation

NRIC HOLDINGS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

Providence, RI 02903-1335

2005

Corporations Division 100 North Main Street

401.222.3040

Matthew A. Brown, Secretary of State

							
3 State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip ODDCA		
RHODE ISLAND		n Road Unit 6		Cumberland	02864		
5. Foreign corporation. Enter principal office address			Gily	State	Zíp		
1/A				<u> </u>			
TO THE NORTHERN RHOD	ERTY, COLLECTING 1 E ISLAND COLLABO	THE INCOME THEREF	ROM AND TURNING THE ENT				
7. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTAC	HMENT) [] FILL IN SPACES	S REFORE USING ATTAC	CHMENTS		
President Name			Vice President Name				
Robert O'Brien			Dr. Barbara VonVillas				
Sinct Address Smithfield School District 49 Farnum Pike			Street Address Burrillville School District 265 Sayles Avenue				
City	State	Zip	City	State	ZIp		
Smithfield	RI	02917	Pascoag	RI	02859		
Secretary Name None			None				
Street Address			Street Address	-			
City	State	Zip	City	State	Zip		
8. NAMES AND ADDRESSES	 S OF THE DIRECTO	 R\$:	 A <i>CHMENT)</i>	 S BEFORE USING ATTA	CHMENTS		
			CORPORATION SHALL NO				
Director Name			Director Name				
Julian E. MacDonn	ell, Jr. Exec	utive Dir.	Robert E. Fricklas, Ph.D.				
Street Address 2352 Mendon Road Unit 6			Sirver Address 2352 Mendon Road Unit 6				
City Cumberland	State RI	^{Zip} 02864	Cumberland	State RI	z _φ 02864		
Director Name		<u> </u>	Director Name		_		
Dr. Maureen Chevr	ette, Interim		Dr. Anthony D'	Acchioli			
Street Address North Smithfield School District		l District	Street Address Woonsocket School District 108 High Street				
City	State	Zip	City	State	Zip		
North Smithfield	RI	02896	Woonsocket	RI	02895		
9. REGISTERED AGENT IN	RHODE ISLAND - I	OO NOT ALTER - Cha	nges require filing of Fort	n 641 - R.I.G.L. 7-6-13	/ 7-6-78		
Agent Name			Address				
BENJAMIN M. SCUNGIO, ESQ							
BENJAMIN M. SCUNGIO, ESQ	·	<u> </u>	City	Z(p			
Address	<u> </u>		1 -	1 ·	909-		
Address 362 BROADWAY		her the President. Vice	PROVIDENCE President, Secretary, Assista	029			
Address 362 BROADWAY		her the President. Vice	PROVIDENCE President, Secretary, Assista	029	Receiver or Trustee		
Address 362 BROADWAY This report must be	signed in ink by cit	her the President. Vice	PROVIDENCE President, Secretary, Assista Under penalty of preport, including an	ant Secretary, Treasurer.	n that I have examined thand statements, and that		
Address 362 BROADWAY	signed in ink by cit	her the President. Vice	PROVIDENCE President, Secretary, Assista Under penalty of preport, including an statements contained.	ant Secretary, Treasurer. Derjury, 1 declare and affirm by accompanying schedules	Receiver or Trustee that I have examined the and statements, and that		
This report must be	signed in ink by cit	her the President. Vice	PROVIDENCE President, Secretary, Assista Under penalty of preport, including an statements contained Signature of Officer	perjury. I declare and affirm any accompanying schedules and herein are true and correct.	n that I have examined thand statements, and that it.		
This report must be	signed in ink by cit	her the President. Vice	PROVIDENCE President, Secretary, Assistation Under penalty of preport, including an statements contained Signature of Officer Robert: (Contained)	perjury. I declare and affirm any accompanying schedules and herein are true and correctly.	n that I have examined thand statements, and that		
This report must be	signed in ink by cit	her the President. Vice	Under penalty of preport, including an statements contained Signature of Officer Robert: (Print or Type Name	perjury. I declare and affirm accompanying schedules and herein are true and correctly.	n that I have examined thand statements, and that it.		
This report must be File Date Check No. 200	signed in ink by cit	her the President. Vice	PROVIDENCE President, Secretary, Assistation Under penalty of preport, including an statements contained Signature of Officer Robert: (Contained)	perjury. I declare and affirm accompanying schedules and herein are true and correctly.	n that I have examined thand statements, and that a		

NRIC HOLDINGS ID NO. 125206 2005 ANNUAL REPORT

#8 Directors (continued)

Dr. Patricia Watkins Central Falls School District 21 Hedley Avenue Central Falls, RI 02863

Dr. John Tindall-Gibson Lincoln School District 1624 Lonsdale Avenue Lincoln, RI 02865

Dr. Mario F. Cirillo, Jr. Foster-Glocester School District 1145 Putnam Pike P.O. Box D Chepachet, RI 02814

Dr. Robert O'Brien Smithfield School District 49 Farnum Pike Smithfield, RI 02917

Dr. Donna Ottaviano North Providence School District 2240 Mineral Spring Avenue North Providence, RI 02911

Dr. Hans Dellith Pawtucket School District Park Place P.O. Box 388 Pawtucket, RI 02860

Dr. Donna Morelle Cumberland School District 2602 Mendon Road Cumberland, RI 02864



Filing Period: June 1 - June 30 Filing Fee: \$20.00

2. Name of Corporation

NRIC HOLDINGS

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

expenses, to the NORTHERN RHODE ISLAND COLLABORATIVE

State

RI

4. Corporate address in Rhode Island -Street Address

Zφ

02864

2352 Mendon Road, Unit 6

(FORM MUST BE TYPED OR PRINTED IN BLACK)

5. Foreign corporation: Enter principal office address

1. Corporate ID No. 125206

Rhode Island

Joseph Nasif

2602 Mendon Road

Street Address

Cumberland

City

3. State of Incorporation

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Zip

Zip

Zip

02864-3714

City

State

Cumberland, RI

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

City

Vice President Name

Street Address

City

Holding title to property, collecting the income therefrom and turning the entire amount thereof, less

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS

Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRE	SSES OF THE D	IRECTORS ("X" BOX F A DOMESTIC (RHODE IS	FOR ATTACHMENT) FILL IN SLAND) CORPORATION SHALL	SPACES BEFORE (NOT BE LESS THA	USING ATTACHMENTS IN THREE (3).R.L.G.L 7-6-23
Director Name		•	Director Name		
Dr. Barbara VonV	illas		Me. Margaret Ia	acovelli	
Street Address			Street Address		
265 Sayles Avenu	e		10 Memorial Ave		_
City	State	Zip	City	State	<i>Zip</i> 02919
Pascoag	RI	02859	Johnston	RI	02919
Director Name			Director Name		
Dr. Richard Sche	rza		Dr. Anthony D'A	ACCHIOII	
Street Address	and		108 High Stree	t	
450 Greenville R	State	Zip	City	State	Zip
N. Smithfield	RI	02896	Woonsocket	RI	02895
	T IN RHODE ISL	AND -DO NOT ALTER-	Changes require filing o Address	f Form 641 -R.I	.GL 7-6-13 / 7-6-78
Benjamin M. Scungio	. Esquire				
Address	•		Cîry		Zip
362 Broadway			Providence, RI		02909
This report must be sig	ned in ink by ei	ther the President, Vi	ice President, Secretary, Ass	istant Secretary,	Treasurer, Receiver or Trustee
1 2	2 5 2 0 6		this report, includir	ng any accompanyi	d affirm that I have examined and statements,
File Date 7 Check No. 2 C	26504 207 24 TE USE ONLY		Signature of Officer Marie L. H Print or Type Name of Executive Title of Officer	anley	Date JOSEPH NASIF CHAIRMAN BOD Form 631 Rev. 6/02

ID NO. 125206

2004 NRIC HOLDINGS

Board of Directors (cont'd) 8.

> 21 Hedley Avenue, Central Falls, RI 02863 Dr. Maureen Chevrette

1624 Lonsdale Avenue Mr. Arthur Campbell Lincoln, RI 02865 (Interim Superintendent)

1145 Putnam Pike, P.O. Box D, Chepachet, RI Dr. Kenneth Grew

02814

49 Farnum Pike, Smithfield, RI 02917 Dr. Robert O'Brien

North Providence School District Dr. Donna Ottoviano

9 George Street

North Providence, RI 02911

Park Place, P.O. Box 388, Pawtucket, RI 02860 Dr. Hans Dellith

2602 Mendon Road, Cumberland, RI 02864 Mr. Joseph Nasif



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Executive Director
Form 631 Rev. 6/02

Office of the Se	cretary of State					401.222.30	
ON-PROFIT CO	ORPORAT	ION ANNUA	L REPORT FOR T	THE YEAR	20	03	
ling Period: June 1 - Ju	ine 30 • Filing						
ORM MUST BE TYPED OR PI Corporate ID No.	RINTED IN BLACK) 2. Name of Corporat	ion	······································	· · · · · · · ·			
125206	NRIC HOLDINGS						
State of Incorporation	4. Corporate address	s in Rhode Island - Street i	Address	City	Zip	,	
RHODE ISLAND	2352 Mend	on Road			land,RI		
Foreign corporation. Enter pri	ncipal office address		Ciry	State	Zip	•	
N/A	<u> </u>	90	Diede Island				
Brief Description of the charact HOLDING TITLE TO PROF TO THE NORTHERN RHO	PERTY, COLLECTIN	IG THE INCOME THER	RHOGE ISIGNA. EFROM AND TURNING THE EN	NTIRE AMOUNT TI	IEREOF, LESS	EXPENSES,	
NAMES AND ADDRESSES	OF THE OFFICE	RS ("X" BOX FOR AT	FILL IN SPACE	ES BEFORE USIN	IG ATTACHM	ENTS	
esident Name Joseph Nasif			Vice President Name				
ret Address 1602 Mendon Roa	ıd	 	Street Address				
y	State	Zip	City	State	Zij)	
umberland	RI	02864					
cretary Name		-	Treasurer Name				
ret Address		·	Street Address				
ry	State	Zip	City	State	Zij	Zip	
Dr. Barbara VonVillas reci Address 265 Sayles Avenue		Ms. Margaret Iacovelli Street Address 10 Memorial Avenue					
ù.	State	^{Zip} 02859	Cio Johnston	State R I	Zij	02919	
Pascoag	RI	02839					
Dr. Richard So	cherza		Dr. Anthony D'Acchioli				
eet Address 450 Greenville	e Road		Syro's ddyrsigh Stre	eet			
N. Smithfield	State RI	^{Zip} 02896	Cirv Woonsocket	State RI	Zi,	02895	
REGISTERED AGENT IN	RHODE ISLAND -		anges require filing of Form	641 - R.I.G.L. 7-6-	13 / 7-6-78		
ent Name			Address			 , - -	
BENJAMIN M. SCUNGIO, ES	0						
dress			City	Zip Zip			
362_BROADWAY			PROVIDENCE	PROVIDENCE		02909-	
	in ink by either	the President, Vice	President, Secretary, Assista	nt Secretary, Tr	easurer, Recei	iver or Truste	
	2 5 2		Under penalty of perjuent this report, including a and that all statements	ny accompanying s	chedules and sta-	tements.	
ile Date <u>10-24-03</u>			March Handy 61803				
	2001		Signature of Officer	<u>d</u>	Date		
Check No	7,	•	Joseph N Print or Type Name of (Officer	rie L. l	ianley	
Ву		-	-Presiden	E.,		Divoctor	

Title of Officer

NRIC HOLDINGS

ID NO. 125206

8. BOARD OF DIRECTORS (cont'd)

Dr. Maureen Chevrette 21 Hedley Avenue, Central Falls, RI 02863

Dr. Frank W. Pallotta 1624 Lonsdale Ave., Lincoln, RI 02865

Dr. Kenneth Grew 1145 Putnam Pike / P.O. Box D, Chepachet, RI 02814

Mr. Robert O'Brien 49 Farnum Pike, Smithfield, RI 02917

Mr. Paul Vorro 9 George Street, North Providence, RI 02911

Dr. Hans Dellith Park Place/P. O. Box 388, Pawtucket, RI 02860

Mr. Joseph Nasif 2602 Mendon Rd., Cumberland, RI 02864