



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 125206		2. Name of Corporation NRIC HOLDINGS			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 2352 Mendon Road Unit 6		City Cumberland	Zip 02864
5. Foreign corporation. Enter principal office address I/A				City	State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island HOLDING TITLE TO PROPERTY, COLLECTING THE INCOME THEREFROM AND TURNING THE ENTIRE AMOUNT THEREOF, LESS EXPENSES, TO THE NORTHERN RHODE ISLAND COLLABORATIVE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert O'Brien			Vice President Name Dr. Barbara VonVillas		
Street Address Smithfield School District 49 Farnum Pike			Street Address Burrillville School District 265 Sayles Avenue		
City Smithfield	State RI	Zip 02917	City Pascoag	State RI	Zip 02859
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Julian E. MacDonnell, Jr. Executive Dir.			Director Name Robert E. Fricklas, Ph.D.		
Street Address 2352 Mendon Road Unit 6			Street Address 2352 Mendon Road Unit 6		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Dr. Maureen Chevrette, Interim			Director Name Dr. Anthony D'Aochioli		
Street Address North Smithfield School District			Street Address Woonsocket School District 108 High Street		
City North Smithfield	State RI	Zip 02896	City Woonsocket	State RI	Zip 02895
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name BENJAMIN M. SCUNGIO, ESQ.			Address		
Address 362 BROADWAY			City PROVIDENCE	Zip 02909	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



125206

File Date	6-16-05
Check No.	2010
By:	
FOR SECRETARY OF STATE USE ONLY	

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 of Officer  
Robert O'Brien  
Print or Type Name of Officer  
President  
Title of Officer  
June 7, 2005  
Date

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



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3. State of Incorporation Rhode Island  
4. Corporate address in Rhode Island - Street Address 2352 Mendon Road, Unit 6  
City City  
State State  
Zip Zip  
5. Foreign corporation: Enter principal office address

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

Holding title to property, collecting the income therefrom and turning the entire amount thereof, less expenses, to the NORTHERN RHODE ISLAND COLLABORATIVE

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

President Name Joseph Nasif  
Vice President Name  
Street Address  
Street Address  
2602 Mendon Road  
City City  
State State  
Zip Zip  
RI 02864  
Secretary Name  
Treasurer Name  
Street Address  
Street Address  
City City  
State State  
Zip Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS  
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name Dr. Barbara VonVillas  
Ms. Margaret Iacovelli  
Street Address  
Street Address  
265 Sayles Avenue  
10 Memorial Avenue  
City City  
State State  
Zip Zip  
RI 02859  
RI 02919  
Director Name Dr. Richard Scherza  
Dr. Anthony D'Acchioli  
Street Address  
Street Address  
450 Greenville Road  
108 High Street  
City City  
State State  
Zip Zip  
RI 02896  
RI 02895

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name Benjamin M. Scungio, Esquire  
Address  
Address  
362 Broadway  
City City  
Zip Zip  
Providence, RI 02909

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 2 5 2 0 6

File Date 7/26/04  
Check No. 2007  
By: DA  
FOR SECRETARY OF STATE USE ONLY

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 of Officer Marie L. Hanley  
Date 6-7-04  
Print or Type Name of Officer JOSEPH NASIF  
Executive Director CHARMAN BOB  
Title of Officer  
Form 631 Rev. 6/02

## 8. Board of Directors (cont'd)

Dr. Maureen Chevette	21 Hedley Avenue, Central Falls, RI 02863
Mr. Arthur Campbell (Interim Superintendent)	1624 Lonsdale Avenue Lincoln, RI 02865
Dr. Kenneth Grew	1145 Putnam Pike, P.O. Box D, Chepachet, RI 02814
Dr. Robert O'Brien	49 Farnum Pike, Smithfield, RI 02917
Dr. Donna Ottoviano	North Providence School District 9 George Street North Providence, RI 02911
Dr. Hans Dellith	Park Place, P.O. Box 388, Pawtucket, RI 02860
Mr. Joseph Nasif	2602 Mendon Road, Cumberland, RI 02864



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100 North Main Street, Providence, RI 02903-1335  
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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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FORM MUST BE TYPED OR PRINTED IN BLACK

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7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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Street Address 2602 Mendon Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN THE SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Dr. Barbara VonVillas			Director Name Ms. Margaret Iacovelli		
Street Address 265 Sayles Avenue			Street Address 10 Memorial Avenue		
City Pascoag	State RI	Zip 02859	City Johnston	State RI	Zip 02919
Director Name Dr. Richard Scherza			Director Name Dr. Anthony D'Acchioli		
Street Address 450 Greenville Road			Street Address 108 High Street		
City N. Smithfield	State RI	Zip 02896	City Woonsocket	State RI	Zip 02895
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name BENJAMIN M. SCUNGIO, ESQ.			Address		
Address 362 BROADWAY			City PROVIDENCE	Zip 02909	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 2 5 2 0 6 \*

File Date 6-24-03  
Check No. 2001  
By de  
FOR SECRETARY OF STATE USE ONLY

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.

Marie L. Hanley 6/18/03  
Signature of Officer Date  
Joseph Nasif Marie L. Hanley  
Print or Type Name of Officer  
President Executive Director  
Title of Officer

8. BOARD OF DIRECTORS (cont'd)

Dr. Maureen Chevette	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