

Matthew A. Brown, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

* In accordance with R.I.G.L. 7-6-94, each corporation falling or refusing to file its annual report within the time prescribed by late (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

to a pennay jee of \$25.00.		_					
1. Сограние ID № 120011		2. Name of Corporation The International Charter School Corporation					
3. State of Incorporation	4. Corporate adi	4. Corporate address in Rhode Island - Street Address City Zip					
RHODE ISLAND	334 PLEA	334 PLEASANT ST.			T 02860-		
5 Foreign corporation. Enter principal office address			Cay	State	Zip		
6 Biref Description of the chann	cter of the affairs whic	b are actually conducted in R	bode Island				
TO DEVELOP, ESTABL		•					
7 NAMES AND ADDRESS	CEC OF TUP OF	DICTRE. /eve pov con 4	TTACHMENT) 🗍 FILL IN SPAC	TE BEFORE HEIST	A TIME A COLLEGE PROPERTY OF COLUMN ASSESSMENT OF C		
Postdent Name	31.3 OF THE OF	ricino: (x box rox x	1	LES BEFORE USING	ATTACHMENTS		
Mary Kim Arnold			Via: President Name Kas R. DeCarvalho				
Since Address			Street Address				
334 Pleasant Stre	eet		127 Dorrance St	treet, 5th Flo	oor		
Ciù.	State	Zip	City	State	Zip		
Pawtucket	RI	02860	Providence	RI	02903		
Sentany Name Matthew Garcia, Ph.D.			Charles Champag	jne			
Siret Addres Box 1892, Brown (Jniversity		Since Addres 125 Nashua Street				
Ciņ	State	7.φ	City	State	Ζφ		
Providence	RI	02912	Boston	MA	02114		
8. NAMES AND ADDRES	SES OF THE DIR	ECTORS: (*X* BOX FOR	ATTACHMENT) T FILL IN SPA	CES BEFORE USING	ATTACHMENTS		
			ND) CORPORATION SHALL				
Director Name			Director Name				
Mary Kim Arnold			Kas R. DeCarvalho, Esq.				
Sinci Address		-	Street Address		• •		
334 Pleasant Stre	eet		127 Dorrance St	reet			
City	State	2.φ	City	State	Zip		
Pawtucket	RI	02860	Providence	RI	02903		
Director Name			Director Name				
Charles Champaign			Ellen Bigler				
Street Address			Street Address				
125 Nashua Street			600 Mt. Pleasant Ave.				
City	State	ZIp	City	State	ZIP		
Boston	MA	02114	Providence	RI	02908		
9. REGISTERED AGENT	IN RHODE ISLA	ND - DO NOT ALTER -	Changes require filing of Fo	orm 641 - R.I.G.L. 7	6-13 / 7-6-78		
Apent Name			Address		!		
Kas R. DeCarvalho		56 Pine Street, 3rd Floor					
Address			City	Zip			
			Providence	l	02903		
			<u> </u>				
This report mus	st be signed by ei	ther the President, Vice	President, Secretary, Assistant	Secretary, Treasurer,	Receiver or Trustee		

12001 File Date	1 DNP 06/09/04 09:02:49 AM
Check No	JUN 2 8 2006
Ву:	FOR SECRETARY OF STATE USE ONLY

120011

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Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and statements contained herein are true and expect. SELIC ST 1111	
Significant Signif	Date
NIC DIVECT Printy or Type Name of Officer VICE preside 4	
Title of Officer	Form 631 Rev. 12/05

Annual Report: FY 2005

EXHIBIT A

The International Charter School, Inc.

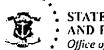
Additional Directors of the Corporation:

Elizabeth Francis, Ph.D. Box 1859 - Development Brown University Providence, RI 02912

William Shuey International Institute of RI 645 Elmwood Avenue Providence, RI 02907

Matthew Garcia, Ph.D. Box 1892 – American Civilization Brown University Providence, RI 02912

Carolyn Kyle 249 Roosevelt Ave., Suite 205 Pawtucket, RI 02860



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

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

FORM MUST BE TYPED OF	R PRINTED IN BL	ACK)			
1. Corporate ID No.	2 Name of Co	•			
120011		ational Charter School (- · •
3. State of Incorporation	*	address in Rhode Island -Stre	ret Address	City	Zip
RHODE ISLAND		ASANT_ST.		PAWTUCKET	02860-
5. Foreign corporation: Enter	r principal office add	dress	City	State	Zip
				· 	,
6. Brief Description of the cha TO DEVELOP, ESTABL		·			
7. NAMES AND ADDRE President Name William Shuey	SSES OF THE C	OFFICERS ("X" BOX FO	OR ATTACHMENT) FILL IN SPACE Vice President Name N/A	S BEFORE USING ATT	<u> АСНМЕЙ</u> ТŞ
- .					
<i>Street Address</i> 26 Thayer Street			Street Address		
	_				
<i>Ciry</i> Providence	State R I	' <i>Zip</i> . 02907	City	State	'Zip
Providence Secretary Name	KI	102907	Treasurer Name		
Jolene Lane			Kas R. DeCarvalho	. Esa.	
			Street Address	, <u> </u>	
Sireel Address 126 Somerset Stri	eet		.42 Weybosset Stree	er Sth Floor	
City	State	Zip	*City	Stale	Zip
Providence	RI	ر <i>داہ</i> 02907	· Providence	RI	02903
8. NAMES AND ADDRE	SSES OF THE L	DIRECTORS ("X" BOX	FOR ATTACHMENT) FILL IN SPACE SLAND) CORPORATION SHALL NOT	CES BEFORE USING AT	TACHMENTS
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name	A STATE OF THE STA	
William Shuey			Kas R. DeCarvalho	Fea	
-			Street Address	, <u>ssq.</u>	
Street Address				Fab 51	
26 Thayer Street	10		42 Weybosset Stree		· • • -
City Providence	'State RI	<i>Zip</i> 02907	·Cin Providence	State RI	<i>Zip</i> 02903
Providence Director Name	KI.	02301	Director Name	* * * * * * * *	* *
<i>Director Name</i> Jolene Lane			Leslie Gell		
Street Address			Street Address	-	-
oireei Aduress 126 Somerset Str	eet		20 Colonial Road		
City	State	· — Zip	- City	State	- _{'Zip}
Providence	RI	برم. 02907	Providence	RI	02906
			Changes require filling of Fo	_	
Kas R. DeCarvalho, E	sa.		c/o Reavis + Haskell		
Addr e ss	- 1 ·		City	Zip	
	6th Class		•	•	
42 Weybosset Street,	501 P100f		Providence	02903	······································
This report must be sigi	ned in ink by e	ither the President, Vi	ce President, Secretary, Assistan	it Secretary, Treasure	er, Receiver or Tru
		,			
1 2	0 0 1 1		Under penalty of perjury this report, including any	accompanying schedul	es and statements,
*120011 DNP 06/09/0	74 09:02:49 AN	νı•	and that all statements co	ontained berrin are selfe	and correct.
File Date (0 (9 0 4) Check No. 1413			Signapure to Opticer Kas R. DeCarvalho, Esq.		

Treasurer

Form 631 Rev. 6/02

Title of Officer

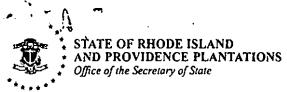


NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _	2003
Filing Period: June 1 - June 30 • Filing Fee: \$20.00	

ORM MUST BE TYPED OR	PRINTED IN BLACE					
. Corporate ID No.	2. Name of Corporation					
120011		Charter School Corporation				
. State of Incorporation	1 '	ess in Rhode Island - Street Add	dress	City	Zip	
RHODE ISLAND		<u>asant Street</u>	La	Pawtucket	0 2,8,6.0	
Foreign corporation. Enter principal office address			City	State	Zip	
Brief Description of the chara TO DEVELOP, ESTABLI	• ••	•	ode Island.			
	es of the offic	ERS ("X" BOX FOR ATTA	CHMENT) TILL IN SPACE	S BEFORE USING ATT	ACHMENTS	
resident Name William Shue	*,		Vice President Name			
treet Address	<u> у</u>		N/A			
26 Thayer St	reet		Street Address			
ity	State	Zip	City	State	Zip	
Providence	RI	0.29.06				
ecriary Name Jolene Lane			Treasurer Name Kas R. DeCarvalho, Esq.			
Sirvei Address 126 Somerset Street		Street Address 807 Broad Street				
City	State	Zip	City	State	Zip	
Providence	RI	02907	Providence	RI	02907	
Oirector Name William Shue Treet Address	у		Director Name Kas R. DeCarv Street Address	alho, Esq.		
26 Thayer St	reet		807 Broad Str	eet ·		
City 1	State	Zip	City	State	Zip	
Providence	RI	02907	Providence	RI	02907	
Director Name	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Director Name			
Jolene Lane			Leslie Gell			
ircei Address			Street Address			
120 Somerset	T .	 	20 Colonial R			
City	State	Zip	City	State	Zip	
Providence	I BI	02907	Providence	RI	l02906	
). REGISTERED AGENT 1 Agent Name	N RHODE ISLANI) - DO NOT ALTER - Chan	ages require filling of Form 64	11 - R.I.G.L. 7-6-13 / 7-6-	78	
KAS R. DECARVALHO, ESQ.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AW ASSOCIATE	<u> </u>		
Address			City PROVIDENCE	Zip	2907-	
807 BROAD STREET	 .					
nis report must be signe	ea in ink by eithe	r the President, Vice Pr	esident, Secretary, Assistan	t Secretary, Treasurer t, I declare and affirm that		

Under penalty of perjury, I declare and affirm that I this report, including any accompanying schedules and that all statements contained herein are true and that all statements contained herein a

Form 631 Rev. 6/02



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: June 1 - June 30 Filing Fee: \$20.00

(FORM MUST HE TYPED OR P	RINTED IN BLACK)					
1. Corporate ID No. *120011*	2. Name of Corporation					
	The International Charter School Corporation					
3. State of Incorporation RHODE ISLAND	1	n Rhode Island -Street Addi	ress	City	Zip	
5. Foreign corporation: Enter pr	1334 Pleas	ant-Street-	City	- Rawtuc	ket 02860	
p.	put ogiot unu-tos				<i>'</i>	
6. Brief Description of the charact TO DEVELOP, ESTABLIS	ter of the offairs which as H AND OPERATE A	re actually conducted in R CHARTER SCHOOL	thode Island		-	
President Name	ES OF THE OFFICE	RS C'N" BOX FOR ATT	FACHMENT) FILL IN SPACE. Vice President Name	BEFORE USIN	GATTACHMENTS	
William Shuey					. 	
Street Address	_		Street Address			
26 Thayer Stre	State	17-	· N/A	Te-ta	17:-	
City	1	Zip	City	State	Zip	
Providence	!RI	.102906	Treasurer Name	. l		
Jolene Lane			· Kas R. DeCarv	alho, Es	5 q .	
Street Address			Street Address		<u> </u>	
126_Somerset	Street		· 807 Broad Str	eet		
City Providence	State R I	Ziρ 02907	City Providence	State R I	Zip 02907	
8. NAMES AND ADDRESS	ES OF THE DIRECT		TTACHMENT) T FILL IN SPACE O) CORPORATION SHALL NOT I	ES BEFORE US	ING ATTACHMENTS	
Director Name	ALCTORS OF A DOME	STIC INTODE ISCARE	Director Name	SC CESS INAM	THREE 13).K.I.G.L 7-0-23	
William Shuay			_		•	
Street Address			Street Address	RVALHO, C	<u>59 · </u>	
*	Street		154 Miller	Arenue		
City Providence	State RI	Zip 02906	· City Providence	State RI	Zip 02905	
Director Name	J	J	Director Name			
Jolene LANE			: Leslie Gell			
Street Address			Street Address			
City 2	at Street	Tela	: 20 Colunial	Rd.	Ζiρ	
Providence	RI	02907	Providence	STOR RT	02906	
9. REGISTERED AGENT II	N RHODE ISLAND	DO NOT ALTER- Citar	nges require filing of For	m 641 -R.I.G	7-6-13 / 7-6-78 July -	
SANDRA MATRONE MA	ACK, SEC.		Address 1500 FLEET CENTER			
Address		· · · - · - · - · - · - · · - · · · · ·	City		<u></u>	
HASLAW, LLC			PROVIDENCE	02903-		
This report must be signed	in ink by either th	e President. Vice Pr	esident, Secretary, Assistant			
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+ 1 2	0 0 1 1 +	•	Under penalty of perjury,			
		1	this report, including any and that all statements co			
1120011 DNP10/1/021:	32:03 PM*		I Al			
File Date / 10	- OL	TO C 12 AGH	Mugue &	uen_	10-30-02	
Check No. 1496 70. 110 E 11 10.			Signature of Officer Shuev			
7		e : 2 : 2	Print or Type Name of Office	-/ '		
B <u>y:</u>	TRE ONLY 3741	5 16 164 - 100	President	•		
FOR SECRETARY OF STATE (ואס JSE OMLY	han3030 =	Title of Officer		Form 631 Rev. 6/02	

International Charter School 334 Pleasant Street Pawtucket, RI 02860 401-721-0824

Attachment: Additional Directors

Ng, Sunny 76 Middle Street East Greenwich, RI 02818

Placencia, Yahaira 1473 Broad Street Providence, RI 02905