

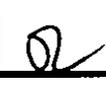


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018

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.

1. Entity ID Number 313137		2. Exact name of the Corporation INNOVATIVE SOLUTIONS FOR NON-PROFITS, INC.					
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Charitable purpose of benefiting and supporting organizations located in Rhode Island and nearby southeastern New England.					
4. NAICS Code 813219 - Other Grantmaking an							
6. Principal Office Address 121 Brayton Avenue				City Cranston		State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name William R. Walter				Vice-President Name None			
Street Address 121 Brayton Avenue				Street Address			
City Cranston		State RI	Zip 02920		City		Zip
Secretary Name Peter Coop				Treasurer Name Richard Sullivan			
Street Address 15 Washington Street				Street Address 32 Weetamore Drive			
City North Kingstown		State RI	Zip 02852		City Warwick		Zip 02888
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 William R. Walter				Director Name Karen Allen Baxter			
Street Address 121 Brayton Avenue				Street Address 18 Brett Drive			
City Cranston		State RI	Zip 02920		City Scituate		Zip 02825
Director Name Richard Sullivan				Director Name Peter Coop			
Street Address 32 Weetamore Drive				Street Address 18 Brett Drive			
City Warwick		State RI	Zip 02888		City North Kingstown		Zip 02852
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.							
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>							
Name of Officer/Authorized Representative William R. Walter						Date June 7, 2018	
Signature of Officer/Authorized Representative 						SIGN DOCUMENT HERE FILED 	

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

JUL 27 2018

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