



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

Annual Report for the year: **2018**

Non-Profit Corporation

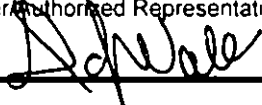
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION

2018 AUG 30 AM 9:55

1. Entity ID Number 798747		2. Exact name of the Corporation Lifespan School Solutions, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Research, education, and direct patient care.			
4. NAICS Code 611110 - Elementary and Secor					
6. Principal Office Address 1011 Veterans Memorial Parkway		City East Providence		State RI	Zip 02915
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel J. Wall		Vice-President Name None			
Street Address 1011 Veterans Memorial Parkway		Street Address			
City East Providence	State RI	Zip 02915	City	State	Zip
Secretary Name Trish Martins		Treasurer Name Dale Radka			
Street Address 69 Narragansett Avenue		Street Address 106 Poppasquash Road			
City Portsmouth	State RI	Zip 02871	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Thomas Anders, M.D.		Director Name Jozy Mainelli			
Street Address 8 Bayview Avenue		Street Address 42 Clubhouse Drive			
City South Dartmouth	State MA	Zip 02748	City Narragansett	State RI	Zip 02882
Director Name Trish Martins		Director Name Dale Radka			
Street Address 69 Narragansett Avenue		Street Address 106 Poppasquash Road			
City Portsmouth	State RI	Zip 02871	City Bristol	State RI	Zip 02809
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 Daniel J. Wall				Date 8/16/18	
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

AUG 30 2018

BY **KL BEPFI**
9:55

FORM 631 - Revised: 11/2017

Lifespan School Solutions, Inc.
ID #798747

8. Directors

Daniel J. Wall Emma Pendleton Bradley Hospital 1011 Veterans Memorial Parkway East Providence, RI 02914
--