



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

2018 OCT 17 PM 2:44
 DEPARTMENT OF STATE
 CORPORATIONS DIV

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 966899		2. Exact name of the Corporation Consortium for Advanced Studies Abroad			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Foster and conduct international study programs			
4. NAICS Code 611310 - Colleges, Universities <input type="text"/>					
6. Principal Office Address 69 Brown Street		City Providence	State RI	Zip 02912	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kendall W. Brostuen			Vice-President Name none		
Street Address 69 Brown Street			Street Address		
City Providence	State RI	Zip 02912	City	State	Zip
Secretary Name none			Treasurer Name Kendall W. Brostuen		
Street Address			Street Address 69 Brown Street		
City	State	Zip	City Providence	State RI	Zip 02912
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 Camila Nardozzi, Harvard University			Director Name Lori Citti, Johns Hopkins University		
Street Address 77 Dunster Street			Street Address Levering Annex, Suite 04B		
City Cambridge	State MA	Zip 02138	City Baltimore	State MD	Zip 21218
Director Name Uttiyo Raychaudhuri, Pd.D., Cornell University			Director Name		
Street Address B50 Caldwell Hall			Street Address		
City Ithaca	State NY	Zip 14853-2603	City	State	Zip
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 Kendall W. Brostuen				Date 10/17/2018	
Signature of Officer/Authorized Representative 				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

OCT 17 2018
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