



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

**FILED**

JUN 07 2019

240313

Annual Report for the year: 2019  
 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 56963		2. Exact name of the Corporation Urban Collaborative			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island  Alternative school for at-risk students.			
4. NAICS Code 611110					
6. Principal Office Address 75 Carpenter Street		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Victor Capellan, Superintendent, Central Falls School District		Vice President Name None			
Street Address 949 Dexter Street		Street Address			
City Central Falls	State RI	Zip 02863	City	State	Zip
Secretary Name Robert C. DeBlois		Treasurer Name Robert C. DeBlois			
Street Address 380 Prospect Street		Street Address 380 Prospect Street			
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Victor Capellan, Superintendent, Central Falls School District		Director Name Chris Maher, Superintendent, Providence School Department			
Street Address 949 Dexter Street		Street Address 797 Westminster Street			
City Central Falls	State RI	Zip 02863	City Providence	State RI	Zip 02903
Director Name Jeannine Nota-Masse, Superintendent, Cranston School Department		Director Name			
Street Address 845 Park Avenue		Street Address			
City Cranston	State RI	Zip 02910	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.					
<b>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.</b>					
<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 Robert C. DeBlois, Treasurer and Secretary				Date May 23, 2019	
Signature of Officer/Authorized Representative <i>Robert C. DeBlois</i>					

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