RI SOS Filing Number: 201998329450 Date: 6/21/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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CORPORATIONS DIV

2019 JUN 21 PM 12: 05

1. Entity ID Number **866223**	2. Exact name of the Corporation **Innovative Policy Lab**
3. State of Incorporation **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island **The non-partisan, non-profit conducts economic research and provides economic and public policy consulting to government and private entities.**
4. NAICS Code **541720**	

6. Principal Office Address	City	State	Zip
PO Box 2673	**Providence**	**RI**	**02906**

7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name **Justine Hastings**			Vice-President Name **Jason Ghassemi**		
Street Address **PO Box 2673**			Street Address **PO Box 2673**		
City **Providence**	State **RI**	Zip **02906**	City **Providence**	State **RI**	Zip **02906**
Secretary Name **Erin Hastings**			Treasurer Name **Same as Secretary**		
Street Address **PO Box 2673**			Street Address		
City **Providence**	State **RI**	Zip **02906**	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **Justine Hastings**			Director Name **Jason Ghassemi**		
Street Address **PO Box 2673**			Street Address **PO Box 2673**		
City **Providence**	State **RI**	Zip **02906**	City **Providence**	State **RI**	Zip **02906**
Director Name **Erin Hastings**			Director Name		
Street Address **PO Box 2673**			Street Address		
City **Providence**	State **RI**	Zip **02906**	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative **Erin Hastings**	Date **6/20/2019**
Signature of Officer/Authorized Representative	

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JUN 21 2019
BY 28 AM 12:05

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov