| State of Rhode Island and Providence Plantations Fee: \$20.00   |  |  |
|---|--|--|
| Office of the Secretary of State<br>Division Of Business Services   |  |  |
| 148 W. River Street   |  |  |
| Providence RI 02904-2615<br>(401) 222-3040  |  |  |
| Foreign Non-Profit  |  |  |
| Annual Report<br>Filing Period: June 1 - June 30  |  |  |
| In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.  |  |  |
| ANNUAL REPORT YEAR: 2020  |  |  |
| 1. Corporate ID No. 001687913   |  |  |
| 2. Name of Corporation Grand Canyon University  |  |  |
| 3. State of Incorporation   |  |  |
| State: <u>AZ</u>  |  |  |
| ARTICLE III   |  |  |
| Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u> |  |  |
| NAICS Code  |  |  |
| <u>611310</u>   |  |  |
| 4. Corporate Address in Rhode Island  |  |  |
| No. and Street: 222 JEFFERSON BOULEVARD, SUITE 200  |  |  |
| City or Town: WARWICK State: RI Zip: 02888 Country: USA   |  |  |
| 5. Foreign Corporation. Enter Principal Office Address  |  |  |
| No. and Street: <u>3300 W CAMELBACK RD, BLDG 26</u>   |  |  |
| City or Town: <u>PHOENIX</u> State: <u>AZ</u> Zip: <u>85017</u> Country: <u>USA</u>   |  |  |
| 6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island   |  |  |
| PROVIDER OF POST SECONDARY EDUCATION SERVICES ON AN ARIZONA<br>TRADITIONAL GROUND CAMPUS AS WELL AS ONLINE  |  |  |
| 7. Names and Addresses of the Officers and Directors:   |  |  |
| All officers and directors must be listed.  |  |  |

| Title                    | Individual Name             | Address  |
|--------------------------|-----------------------------|--|
|                          | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country                                |
| PRESIDENT                | BRIAN MUELLER               | 3300 W CAMELBACK ROAD<br>PHOENIX, AZ 85017 USA                                 |
| TREASURER                | JUNETTE WEST                | 3300 W CAMELBACK ROAD, BUILDING 2<br>PHOENIX, AZ 85017 USA                     |
| SECRETARY                | BRIAN ROBERTS               | 3300 W CAMELBACK ROAD, BUILDING 2<br>PHOENIX, AZ 85017 USA                     |
| PROVOST                  | DR HANK RADDA               | 3300 W CAMELBACK ROAD, BUILDING 2<br>PHOENIX, AZ 85017 USA                     |
| DIRECTOR                 | DR LUPITA HIGHTOWER         | 3300 W CAMELBACK ROAD, BUILDING 2<br>PHOENIX, AZ 85017 USA                     |
| DIRECTOR                 | MARION KELLY                | 3300 W CAMELBACK ROAD, BUILDING 2<br>PHOENIX, AZ 85017 USA                     |
| DIRECTOR                 | WILL GONZALEZ               | 3300 W CAMELBACK ROAD, BUILDING 2<br>PHOENIX, AZ 85017 USA                     |
| DIRECTOR                 | DON ANDORFER                | 3300 W CAMELBACK ROAD, BUILDING 2<br>PHOENIX, AZ 85017 USA                     |
| DIRECTOR                 | DR FRED MILLER              | 3300 W CAMELBACK ROAD, BUILDING 2<br>PHOENIX, AZ 85017 USA                     |
| DIRECTOR                 | DR JIM RICE                 | 3300 W CAMELBACK ROAD, BUILDING 2<br>PHOENIX, AZ 85017 USA                     |
| DIRECTOR                 | PEGGY CHASE                 | 3300 W CAMELBACK ROAD, BUILDING 2<br>PHOENIX, AZ 85017 USA                     |
| Changes Require Filing o |                             | 6-78<br>SUITE 200 WARWICK , <u>RI</u> 02888<br>President, Secretary, Assistant |

**Signed this 22 Day of June, 2020 at 2:27:31 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.* 

## By BRIAN MUELLER

Signature of Authorized Person

Form No. 631 Revised 09/07

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