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

Annual Report for the year:
Non-Profit Corporation 2020
→ 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	2. Exact name of the Corporation
56963	Urban Collaborative
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Alternative school for at-risk students.
4. NAICS Code	
611110	

6. Principal Office Address	City	State	Zip
75 Carpenter Street	Providence	RI	02903

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

President Name	Vice-President Name
Stephanie Downey Toledo, Superintendent, Central Falls School District	None
Street Address: 949 Dexter Street	Street Address:
City: Central Falls / State: RI / Zip: 02863	City: / State: / Zip:
Secretary Name	**Treasurer Name**
Michael Finley, Ed.D.	Michael Finley, Ed.D.
Street Address: c/o Urban Collaborative, 75 Carpenter Street	Street Address: c/o Urban Collaborative, 75 Carpenter Street
City: Providence / State: RI / Zip: 02903	City: Providence / State: RI / Zip: 02903

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

Director Name	Director Name
Stephanie Downey Toledo, Superintendent, Central Falls School District	Harrison Peters, 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	**Director Name**
Jeannine Nota-Masse, Superintendent, Cranston School Department	
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.

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	Date
Michael Finley, Ed.D. Treasurer and Secretary	June 15, 2020

Signature of Officer/Authorized Representative

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

FILED
JUN 22 2020
BY JKTSY

FORM 631 - Revised: 06/2019