



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

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BUS SVCS DIV

2020 JUN 22 PM 12: 20

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 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 Stephanie Downey Toledo, 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 Michael Finley, Ed.D.			Treasurer Name 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 <input type="checkbox"/>					
Director Name Stephanie Downey Toledo, Superintendent, Central Falls School District			Director Name 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 Jeannine Nola-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.					
<i>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>					
<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 Michael Finley, Ed.D. Treasurer and Secretary					Date 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