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2020 JUN 22 PM 12:20

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: 789706	2. Exact name of the Corporation: Fund for UCAP Realty Company
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: The ownership and lease of a school to further the charitable purposes of the Fund for UCAP.
4. NAICS Code: 531120	

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: Michael Finley, Ed.D.			Vice-President Name: David Haffenreffer		
Street Address: 75 Carpenter Street			Street Address: 64 Congdon Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02906
Secretary Name: Douglas G. Gray			Treasurer Name: Gib Conover		
Street Address: c/o Locke Lord LLP, 2800 Financial Plaza			Street Address: 71 Emeline Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02906

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

Director Name: Michael Finley, Ed.D.			Director Name: Gib Conover		
Street Address: 75 Carpenter Street			Street Address: 71 Emeline Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02906
Director Name: David Haffenreffer			Director Name: Andrea Joseph		
Street Address: 64 Congdon Street			Street Address: 8 Latham Farm Avenue		
City: Providence	State: RI	Zip: 02906	City: Providence	State: RI	Zip: 02917

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., President	June 15, 2020

Signature of Officer/Authorized Representative: Michael Finley

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

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FORM 631 - Revised: 06/2019