

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 160 North Main Street Proxidence, RI 02903-1335 401-222-3040

Matthew A. Brown, Secretary of State

Filing Period: June 1 - FORM MUST BETYPED OF	June 30 • Filing Fee: \$20.00  R PRINTED IN BLACK)			
Corporate ID No	2 Name of Corporation			
119672	Virtual Activism Incorporated			
State of Incorporation RHODE ISLAND	4 Conference address in Woode Island - Street Add 2 Thisming Lane	ess	Johnston	62919
Foreign corporation. Lare	s principal of ice address	City	State	Zip
Brief Description of the char	actor of the affairs which are actually conducted in Rhods	· Island	1	<u> </u>
RESEARCH, TECHNOL	OGY TRAINING, ACCESS AND WEB DESIGN S	ERVICES FOR NATIONAL AND I	NTERNATIONAL NGOS'	S
	SSES OF THE OFFICERS: ("X" BOX FOR ATTA	_	BEFORE USING ATTAC	CHMENTS
President Name		Vice President Name	~ (	
MARIYN	TADROS	PETER K	OSENBLUM	(2 -d.) 11 11 01
Z JASMI	NE LANE	Since sideress Columbia L	AW SCHOOL "	132 m. 110 th 24"
Johnston	Marc R I 2002919	NEW JOKK	Shate NY	<sup>2φ</sup> 10027
ocrotury Name <b>D€N</b> is	SYLLIVAN	Heasure Name BARBARA	IBRAHIO	Λ
ined Address NEU - 301 (	MESERVE HALL	Street Address Rese	rvoir Road	NW
BOSTON	State M A 2115	washington	DC State	200 <del>7</del>
3. NAMES AND ADDRE	SSES OF THE DIRECTORS: ("X" BOX FOR AT	TACHMENT) TILL IN SPACES	BEFORE USING ATTA	CHMENTS
	ECTORS OF A DOMESTIC (RHODE ISLAND	) CORPORATION SHALL NOT	BE LESS THAN THRE	<u>E</u> (3). R.I.G.L. 7-6-23
Duckes Name MARLY AV = T	TANKAS	Director Name	SCCAIRISION	

THE NUMBER OF DIRECT	OKS OF A DOMEST	IC (KHODE ISLAND) (	CORPORATION SHALL NOLL	5F, 1,F,33 1,11A	N IHREE (3). R.I.G.L. /-0-23
Director Name			Director Name		
MARLYN TP	ADDA C		PETER RO	SENBL	u 200
MARLYN TADROS			PEIEK KO	26 NDL	u (n
Street Address			Street Address		· · Ha CI
2 Jasmine	Cane		Columbia U. 4	35W. 1	116th St.
City	State	Zip O	City	State	Zip
Johnston	Same RI	<sup>रक्</sup> ०८९१९	NEW YORK	1 NY	10027
Director Name			Ducctor Name		
DENIS SULLIVAN			BARBARA IBRAHIM		
Street Address			Street Address		
NEU- 301	MESERVE	HALL	3318 Resec	voil	Rd. NW
Cit.	State	Zφ	City .	State_	<i>10</i> ο . ο
BOSTON	m A	51120	Washington	1 DC	<sup>ζφ</sup> 2007
9. REGISTERED AGENT IN			ges require filing of Form 6	41 - R.I.G.L.	•
Agent Name			Address		
MARLYN TADROS					
Address			City		Zφ
2 JASMINE LANE			JOHNSTON		02919-

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

 119672

		19672
File Date	4-4-	
Check No _	<u> 1936                                     </u>	
B)	<u>p</u>	·.
FO	OR SECRETARY OF STATE US	E ONLY

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.

Signature of Officer Tad 108 1 Tune 05

MARUYN TAOROS

PRESIDENT/EXECUTIVE DIRECTOR

Form 631 Rev. 04/04



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: June 1 - June 30 Filing Fee: \$20.00

riting Periou: June 1 (FORM MUST BE TYPED O		•				
1. Corporate ID No.	2. Name of Con				·	
119672	Virtual Activ	Virtual Activism Incorporated				
3. State of Incorporation	4. Corporate ac	idress in Rhode Island -Street Add	ness	City	Zip	
RHODE ISLAND	2 JASMIN	E LANE		JOHNSTON	02919-	
5. Foreign corporation: Ente	r principal office add	ress	City	State	Zip	
6. Brief Description of the ch	aracier of the affairs	which are actually conducted in I	Rhode Island		<del></del>	
RESEARCH, TECHNOLO	OGY TRAINING,	ACCESS AND WEB DESIG	N SERVICES FOR NAT	IONAL AND INTERN	MATIONAL NGOS'S	
7. NAMES AND ADDRI	ESSES OF THE O	FFICERS ("X" BOX FOR AT	TACHMENT) THE FILL IN S	PACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Marlyn Tadros	<del> </del>		Peter Rosenblur	n 		
Sirvei Address  2 Jasmine Lane			Street Address	C-b1 425 !	3 13665 66	
			.Columbia U Law	·		
Cin Johnston	State   RI	7 <i>ip</i> 02919	City New York	State NY	Zip	
Secretary Name			New 101K	INI	10027	
Denis Sullivan			Robert Lombard	i		
Street Address			* Street Address			
161 Adamian Acad	lemic Center	(AAC)	.2 Jasmine Lane			
City	State	Zip	City	State	Zip	
Waltham	MA	02452-4705	Johnston	RI	02919	
8. NAMES AND ADDR	ESSES OF THE D	RECTORS ("X" HOX FOR A	TTACHMENT) THIL IN	SPACES BEFORE USIN	NG ATTACHMENTS	
Director Name	F DIRECTORS OF A	DOMESTIC (RHODE ISLAN	Director Name	NOT BE CESS THAN T	MREC [3).N.I.G.L 7-6-23	
Marlyn Tadros			Peter Rosenblum			
Street Address			.Street Address		·	
				0-51 425 1		
2 Jasmine Lane	10	17:	Columbia U Law	,		
Johnston	State RI	<i>Zip</i> 02919	·City	State NY	<i>Zip</i> 10027	
Director Name	J *		New York			
Denis Sullivan			*Director Name Robert Lombard	:		
Street Address			• Street Address	1		
Printers Mothle??			'3 Jasmine Lane			
City	State	Zip	,City	State	Zip	
Waltham	MA	02452-4705	'Johnston	RI	02919	
9. REGISTERED AGEN	T IN RHODE ISL	AND -DO NOT ALTER- Cha	nges require filing o	f Form 641 -R.I.G.I.	7-6-13 / 7-6-78	
Agent Name			Address			
MARLYN TADROS			2 JASMINE LANE			
Address			Ciri	Zi	р	
			JOHNSTON		02919	
This report must be sig	ned in ink hv ei	ther the President Vice P	_1	——————————————————————————————————————	asurer, Receiver or Truste	
· ···· · epor · mass ice sig	, ink by co	incr inc rrestaent, rice ri	estaent, occretary, 755	istani secretary, 170	usurer, neceiver in Truste	
	010 01001 1010 <b>11101</b> 0101					
1 1	9 6 7 2		Under penalty of pe	erjury, I declare and affil	rm that I have examined	

\*119672 DNP 06/01/04 09:41:08 AM\*

File Date

Check No.

JUN 0 3 2004

FOR SECRETARY OF STATE USE ONLY.

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.

Signature of Officer

June 1,04

MARLYN TADROS
Print or Type Name of Officer

PRESIDENT/EXECUTIVE DIRECTOR

Title of Officer

Form 631 Rev. 6/02



\*\*119672\* 5/13/03<u>8:04</u>:34 AM\*

FOR SECRETARY OF STATE USE ONLY

File Date

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222,3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

1. Corporate ID No.	2. Name of Co	rporation		<del></del>		
*119672* ,	•	Virtual Activism Incorporated				
3. State of Incorporation	4. Corporate a	ddress in Rhode Island -Stree	et Address	City	Zip	
RHODE ISLAND	2 JASMIN			JOHNSTON	02919-	
5. Foreign corporation: Ente	er principal office add	Iress	City	State	Zip	
6 Brief Description of the ch	aracter of the affairs	which are actually conducte	d in Rhode Island	<u> </u>		
			ESIGN SERVICES FOR NAT	CIONAL AND INTERNAT	CIONAL NGOS'S	
NAMESAND'ADDRI	ESSES OF TRE	FEIGERS CX BOX FO	<i>MTTACIMENT</i> : □ FULLINS	PAGES BEFORE USING A	TACHMENISTER	
President Name Marlyn Tadros			Vice President Name Peter Rosenblum			
Street Address		<del>-</del>	Street Address	···		
2 jasmine Lane			. 1 Lenard Avenue			
City	State	Zip	City	State	Zip	
Johnston	RI	02919	Cambridge	MA	02138	
Scéretary Núme DENIS SULLIVAN	· · · · · · · · · · · · · · · · · · ·		Treasurir Name ROBERT LOMBARDI			
Street Address	·	·	* Street Address			
303 MESERVE HALL			.2 JASMINE LANE			
Cin	State	Zip	City	State	Zip	
BOSTON	MA	02115	- JOHNSTON	RI	02919	
8. NAMES AND ADDRI	ESSES OF THE L	IRECTORS (*X; BOX)	ORATTACHMENT : FINE IS	SPACES BEFORE USING	ATTACHMENTS	
Director Name	UMECTORS OF	ADOMESTIC (KHODE IS	LAND) CORPORATION SHALL	NOT BE LESS THAN THE	EE (3).R.I.G.L-7-6-23	
			. Director Name • PETER ROSENBLUM . Street Address			
MARLYN TADROS  Street Address		·				
2 JASMINE LANE						
City	State	Tin	1 LENARD AVENU	State		
JOHNSTON	RI	<i>Zip</i>   02919	CAMBRIDGE	MA.	<i>Zip</i> 02138	
Director Name			Director Name			
DENIS SULLIVAN			ROBERT LOMBARD	I		
Street Address			· Street Address		· — · · · · · · · · · · · · · · · · · ·	
303 MESERVE HALL			2 JASMINE LANE			
City BOSTON	State MA	Zip 02115	.City	State	Zip	
9. REGISTERED AGEN			JOHNSTON	RI of Form 641-RuGin-6	02919 13/7-678 (\$1-5)	
Agent Name			Address		dental programme and programme and the second s	
MARLYN TADROS			2 JASMINE LANE			
Address		City	City			
			JOHNSTON	029	19-	
This report must be sign	nad in int he	than the Descident 12:	ce President, Secretary, Ass	<u></u>		
inis report musi de sig	neu in ink by e	iner ine rresident, vic	ce Fresideni, Secretary, Ass	usiani secretary, treasi	arer, Receiver or Truste	
DRiTt	 	12   2   20				
	(66) KELE INIIB DIJI 186	11 (15) i <b>11</b>				
110000			Under penalty of p	erjury, I declare and affirm	that I have examined	

Signature of Officer

MARLYN TADROS

Print or Type Name of Officer

PRESIDENT/EXECUTIVE DIRECTOR

Form 631 Rev 6/02

Title of Officer

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**⊕** }• ;



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

## **NON-PROFIT CORPORATION**

Сс	prporate ID Number <u>DNP-119672</u>	— Annual Report for the year 2002
1.	The name of the corporation is Virtual Acti	
2.		rs of which it is incorporated is RHODE ISLAND
3.	The address of the registered office of the	corporation in this state is 2 JASMINE LANE JOHNSTON, RI 02919-
	and the name of its registered agent in this	state at that address is MARLYN TADROS
4.	The character of the affairs which it is actual maintenance for nonprofit	organizations across the Globe are spand
5	If a foreign corporation, the address of its p incorporated is	rincipal office in the state or other jurisdiction under the laws of which it is
6.	Corporate address in Rhode Island 2	Jasmine Cane, Johnston, RI 02919
7.	Names and addresses of its directors and conumber of directors of a domestic (Rhode Is	officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
	NAME Denis Sullivan Director Peter Rosenblum Director Director President Peter Rosenblum Peter Rosenblum Denis Sullivan Robert Lombardi Denis Sullivan Robert Lombardi Director President Vice-President Secretary Treasurer  Ited: May 28, 02	NEW, 303 Mercerul Hall, Boston, MA 07115  2 Jasmine lane, Johnston F. D. 07919.  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.  Victual Activism Jac
	FOR SECRETARY OF STATE USE ONLY  Date: 100/	Exact Name of Corporation  By Tadio S  Title treative Director  (Report must be signed by an officer)
<b>y</b> :		Form No. 631 Revised 5/98