State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

OCT 25 2021

BY 3016

Annual Report for the year: 2021

Non-Profit Corporation

→ 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
000313137	Innovative Solutions for Non-Profits, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Charitable purpose of benefiting and supporting organizations located in Rhode Island and nearby southeastern New England.
4. NAICS Code: 813219 - Other Grantmaking	

6. Principal Office Address	City	State	Zip
121 Brayton Avenue	Cranston	RI	02920

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

President Name: William R. Walter			Vice-President Name: None		
Street Address: 121 Brayton Avenue			Street Address:		
City: Cranston	State: RI	Zip: 02920	City:	State:	Zip:
Secretary Name: Peter Coop			Treasurer Name: Richard Sullivan		
Street Address: 15 Washington Street			Street Address: 32 Weetamore Drive		
City: North Kingstown	State: RI	Zip: 02852	City: Warwick	State: RI	Zip: 02888

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

Director Name: William R. Walter			Director Name: Karen Allen Baxter		
Street Address: 121 Brayton Avenue			Street Address: 18 Brett Avenue		
City: Cranston	State: RI	Zip: 02920	City: Scituate	State: RI	Zip: 02825
Director Name: Richard Sullivan			Director Name: Peter Coop		
Street Address: 32 Weetamore Drive			Street Address: 15 Washington Street		
City: Warwick	State: RI	Zip: 02888	City: North Kingstown	State: RI	Zip: 02852

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
William R. Walter	X 10/20/21

Signature of Officer/Authorized Representative: William R. Walter

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

FORM 631 - Revised: 03/2019