State of Rhode Island
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 001728611

2. Name of Corporation Strada Collaborative, Inc.

3. State of Incorporation

State: IN

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code

611710

4. Principal Office Address

No. and Street: 10 WEST MARKET ST
SUITE 1100
City or Town: INDIANAPOLIS State: IN Zip: 46204 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

EDUCATIONAL SUPPORT SERVICES

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	MICHAEL AUSTIN	10 WEST MARKET ST., SUITE 1100 INDIANAPOLIS, IN 46204 US
SECRETARY	JULIE RAGSDALE	10 WEST MARKET ST., SUITE 1100

		INDIANAPOLIS, IN 46204 US
DIRECTOR	RUTH V WATKINS	10 WEST MARKET ST., SUITE 1100 INDIANAPOLIS, IN 46204 US
DIRECTOR	DARYL A GRAHAM	10 WEST MARKET ST., SUITE 1100 INDIANAPOLIS, IN 46204 US

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 29 Day of April, 2022 at 5:43:34 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JEREMY PUENTES
Signature of Authorized Person

Form No. 631
Revised 09/07