RI SOS Filing Number: 202332410740 Date: 4/5/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual/Report for the year:
Non-Profit Corporation

2023

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→ Filing Fee \$20.00

-> Penalty Additional \$25.00 fee if form is not filed by May 31



2023 APR -5 A H: L

| 1. Entity ID Number 2. Exact name of the Corporation | | | | | | | | | | | | |
|--|--|----------------------|---------------------------------------|------------------------|----------------------|--|--|--|--|--|--|--|
| 000798747 | Lifespan School Solutions, Inc. | | | | | | | | | | | |
| 3. State of Incorporation | 5 Brief description of the character of business conducted in Rhode Island | | | | | | | | | | | |
| Rhode Island | Research, education and direct patient care. | | | | | | | | | | | |
| 4. NAICS Code | | | | | | | | | | | | |
| 611110 - Elementary and Second | | | | | | | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | | | | | | |
| 1011 Veterans Memorial P | arkway | | East Providence | RI | 02915 | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment | | | | | | | | | | | | |
| President Name Henry Sachs, I | II, M.D. | | Vice-President Name | | | | | | | | | |
| Street Address 1011 Veterans | Memorial Parl | kway | Street Address | | | | | | | | | |
| City East Providence | | | | State | Zip | | | | | | | |
| Secretary Name Trish Martins | | | Treasurer Name Dale Radka, M.D. | | | | | | | | | |
| Street Address 69 Narraganset | t Avenue | | Street Address 106 Poppasquash Road | | | | | | | | | |
| ^{City} Portsmouth | State RI | ^{Zip} 02871 | ^{City} Bristol | State RI | ^{Zip} 02809 | | | | | | | |
| 8. List ALL directors (names and ac | Idresses) RI Corp | orations MUST lis | t at least THREE directors. Chec | ck the box to indicate | an attachment | | | | | | | |
| Director Name Henry Sachs, III, M.D. (Chair & President) Director Name Thomas Anders, M.D. | | | | | | | | | | | | |
| Street Address 1011 Veterans | Memorial Par | kway | Street Address 8 Bayview Avenue | | | | | | | | | |
| City East Providence | State RI | ^{Zip} 02915 | City South Dartmouth | State MA | ^{Zip} 02748 | | | | | | | |
| Director Name Greta Francis, | Ph.D. | | Director Name Trish Martins | | | | | | | | | |
| Street Address 19 Harbour Ter | race | | Street Address 69 Narragansett Avenue | | | | | | | | | |
| ^{City} Cranston | State RI | ^{Zıp} 02905 | ^{City} Portsmouth | ^{Zip} 02871 | | | | | | | | |
| 9. The Registered Agent information of record with the RI Department of State is accurate. 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 Henry Sachs, III, M.D. Date 2/21/23 | | | | | | | | | | | | |
| Signature of Officer/Authorized Representative FILED | | | | | | | | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 0 5 2023 MU 1009 5749

FORM 631 - Revised: 11/2021

Lifespan School Solutions, Inc. 1D #000798747

8. Directors

Jozy Mainelli 42 Clubhouse Drive Narragansett, RI 02882

Dale Radka, M.D. 106 Poppasquash Road Bristol, RI 02809