



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

Non-Profit Corporation  
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 - **ENTER THE CURRENT YEAR 2024:** 2024

1. Corporate ID No. 000966899

2. Name of Corporation Consortium for Advanced Studies Abroad

3. State of Incorporation

State: RI

NAICS CODE

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

611310

4. Principal Office Address

No. and Street: 69 BROWN ST

City or Town: PROVIDENCE

State: RI

Zip: 02921

Country: USA

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

THE CORPORATION IS ORGANIZED AND SHALL AT ALL TIMES BE OPERATED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE "INTERNAL REVENUE CODE") AND WITHIN THE MEANING OF THE GENERAL LAWS OF RHODE ISLAND TITLE 7, CHAPTER 6, AS AMENDED. IN FURTHERANCE OF THE FOREGOING THE CORPORATION MAY ENGAGE IN THE FOLLOWING ACTIVITIES: (1) TO FOSTER, ORGANIZE, AND CONDUCT PROGRAMS OF EXCHANGE OF UNIVERSITY AND COLLEGE STUDENTS.

FACULTY, AND OTHER ACADEMIC STAFF MEMBERS BETWEEN INSTITUTIONS OF HIGHER EDUCATION IN THE UNITED STATES AND INTERNATIONAL INSTITUTIONS OF HIGHER EDUCATION LOCATED OUTSIDE THE UNITED STATES AND OTHER SCHOLARLY ACTIVITIES; AND (2) SUCH OTHER LAWFUL ACTIVITIES AS MAY BE ENGAGED IN BY A PUBLIC CHARITY ORGANIZED UNDER THE GENERAL LAWS OF RHODE ISLAND TITLE 7, CHAPTER 6, WHICH IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	ASABE W POLOMA	69 BROWN STREET PROVIDENCE, RI 02912 USA
DIRECTOR	CAMILA NARDOZZI	77 DUNSTER STREET CAMBRIDGE, MA 02138 USA
DIRECTOR	ADELINE WONG	69 BROWN ST PROVIDENCE , RI 02921 USA
DIRECTOR	SCOTT CARPENTER	69 BROWN ST PROVIDENCE, RI 02921 USA
DIRECTOR	BRANDON LANNERS	69 BROWN ST PROVIDENCE, RI 02921 USA
DIRECTOR	JOHN TANSEY	69 BROWN ST PROVIDENCE, RI 02921 USA
DIRECTOR	CRAIG RINKER	69 BROWN ST PROVIDENCE, RI 02921 USA
DIRECTOR	NICOLE GARCIA	69 BROWN ST PROVIDENCE, RI 02921 USA
DIRECTOR	JENNY QUIJANO SAX	69 BROWN ST PROVIDENCE, RI 02921 USA
DIRECTOR	JESSICA MERVIS	69 BROWN ST PROVIDENCE, RI 02921 USA
DIRECTOR	SARA TULLY	69 BROWN ST PROVIDENCE, RI 02921 USA
DIRECTOR	NIAMH BURKE	69 BROWN ST PROVIDENCE, RI 02921 USA
DIRECTOR	LEO MCNAMEE	69 BROWN ST PROVIDENCE, RI 02921 USA
DIRECTOR	CHARMSINE MONTEIRO	69 BROWN ST PROVIDENCE, RI 02921 USA
DIRECTOR	KRISTYN PALMIOTTO	69 BROWN ST PROVIDENCE, RI 02921 USA
DIRECTOR	CARMEISHA HUCKLEBY	69 BROWN ST PROVIDENCE, RI 02921 USA

**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**

ASABE POLOMA 69 BROWN STREET P.O. BOX 2016 PROVIDENCE , RI 02912

**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 February, 2024 at 11:49:44 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 ASABE POLOMA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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