



**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 - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001685456

**2. Name of Corporation** New Meridian Corporation

**3. State of Incorporation**

State: TX

**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

611710

**4. Principal Office Address**

No. and Street: 9330 RESEARCH BLVD.

KALEIDO II, STE. 310

City or Town: AUSTIN

State: TX

Zip: 78759

Country: USA

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

PROVIDE STATES WITH EDUCATIONAL ASSESSMENT SYSTEMS TO MEASURE  
CAREER AND COLLEGE READINESS

**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
PRESIDENT	ARTHUR VANDERVEEN	5800 TRAILRIDGE DR. AUSTIN, TX 78731 US
CHIEF OPERATING OFFICER	EILEEN SHIHADAH	9390 RESEARCH BLVD AUSTIN, TX 78759 USA
DIRECTOR	JESSE MARKOW	564 GATELY TERRACE MADISON, WI 53711 USA
DIRECTOR	THOMAS HIGGINS	644 BOULEVARD WESTFIELD, NJ 07090 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**

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

**Signed this 15 Day of April, 2024 at 1:53:40 PM 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 DAIVA SILIUNAS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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