



**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 2025:** 2025

**1. Corporate ID No.** 001761724

**2. Name of Corporation** Southern California University of Health Sciences

**3. State of Incorporation**

State: CA

**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: 700 NARRAGANSETT PARK DR STE 100

City or Town: PAWTUCKET

State: RI Zip: 02861 Country: USA

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

NON-PROFIT UNIVERSITY BASED IN CALIFORNIA

**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
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PRESIDENT	JOHN SCARINGE	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 USA
TREASURER	WAYNE PEACOCK	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 USA
SECRETARY	SAMANTHA SIMMONS	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 USA
DIRECTOR	LAKEISHA MARSH	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 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**

RHODE ISLAND REGISTERED AGENT, LLC 700 NARRAGANSETT PARK DR STE 100  
PAWTUCKET , RI 02861

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

**Signed this 11 Day of July, 2025 at 1:18:25 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 ROBIN JONES  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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