



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000151835		2. Exact name of the Corporation New England States Consortium Systems Organization			
3. State of Incorporation MA		4. Brief description of the character of business conducted in Rhode Island To assist the Rhode Island Department of Human Services to develop and implement request for studies, programs and conferences.			
5. Principal office address 100 Century Drive, Suite 203		City Worcester	State MA	Zip 01606	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Terry Dougherty			Vice-President Name Mark Larson		
Street Address 333 South Street			Street Address 3112 Hurricane Lane, Suite 201		
City Shrewsbury	State MA	Zip 01545	City Williston	State VT	Zip 05495
Secretary Name Kate McEvoy			Treasurer Name Mark Larson		
Street Address 25 Sigourney Street			Street Address 3112 Hurricane Lane, Suite 201		
City Hartford	State CT	Zip 06106	City Williston	State VT	Zip 05495
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Nicholas Toumpas			Director Name Elena Nicolella		
Street Address 129 Pleasant Street			Street Address 57 Howard Avenue		
City Concord	State NH	Zip 03301	City Cranston	State RI	Zip 02920
Director Name James Leonard			Director Name Kristin Thorn		
Street Address 242 State Street			Street Address One Ashburton Place		
City Augusta	State ME	Zip 04330	City Boston	State MA	Zip 02108
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

MAY 09 2014

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.

File Date _____

Check No _____

By: _____

BY 1087 Brenda Harvey 5/7/14
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Brenda Harvey, Exec. Dir.
 Print or Type Name of Officer or Authorized Representative

ATTACHMENT – FORM 631: 2014 Filing

New England States Consortium Systems Organization

Corporate ID #: 000151835

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES).

Brenda Harvey
Executive Director
100 Century Drive
Suite 203
Worcester, MA 01606

FILED

MAY 09 2014

BY ED 151835