

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20/0 Filing Period: June 30 • Filing Fee: \$20,00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Providence, RI 02904-2615 401.222,3040

* 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.			. ,,	
2. Super of Corporation 28265. Providence Country	Day School			
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address IN TODE ISLAND 660 WAYEMAN AVE	s	EAST PRIV	Zip 11	
5. Foreign corporation. Enter principal office address	City	State	ZΨ	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island INDEPENDENT DAY SCHOOL 91 AUES 6-12				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS				
President Name DAUN BAZAR	Vice President Name	lins		
44 CINDY AND Drive 99 6Amo		ree T		
EAST Greenwich RI 02518	Providence	State RI	7.ip 02906	
Marcia Hoffer	Treasurer Name JAMES L	Nathyman		
Street Address 169 MATHEW Sun RD Street Address 44 LITZEN Rd.				
State Zip 0280 6 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA	City NO Son MatieLd CHMENT) TELL IN SPACES B	State RT FFORE USING ATTACH	02896	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND), CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23				
Susan HuberlandT	Director Name HARA HEFFRET			
Street Address LoloD Waterm on Avenue	Street Address 24 SWIL Hep	HOW LANE		
EAST PRW RI 12914	Barringin	State L	U2-8U6	
Director Name TOHA Conley	Dennis 6	(1ECD		
Street Address 21 Pauder HII RD	one Turks 1	LEAD Place	2	
State RI 2ip 62805 9. REGISTERED AGENT IN RHODE ISLAND	movidence	State RT_	02903	
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78				
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee				

	Under penalty of perjury, I declare and affirm that I have examined this
File Date	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No	Susan M. Haberlandt
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Trustee, thad of Seles Title of Officer
	Take of Officer Com 631 Rev. 09/17