



State of Rhode Island and Providence Plantations  
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: June 1 - June 30

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:** 2016

**1. Corporate ID No.** 000846691

**2. Name of Corporation** Bainbridge School

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 26 JENCKES STREET

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

OPERATING A LICENSED PRE GARTEN DAYCARE TO EDUCATE CHILDREN WITH THE INTENT TO EXPAND ITS EDUCATIONAL OFFERSINGS

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

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KATE BOTHE	26 JENCKES STREET PROVIDENCE, RI 02906 USA
DIRECTOR	KATE BOTHE	26 JENCKES STREET PROVIDENCE, RI 02906 USA

DIRECTOR	MELISSA KIEVMAN	44 BAINBRIDGE AVENUE PROVIDENCE, RI 02909 USA
DIRECTOR	ORYA C. HYDE-KELLER	86 WILCOX AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	BETSY STUBBLEFIELD LOUCKES	103 SUMMIT AVENUE PROVIDENCE, RI 02906 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

W. THOMAS HUMPHREYS, ESQ. CAMERON & MITTLEMAN LLP 301 PROMENADE STREET  
PROVIDENCE , RI 02908

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

**Signed this 16 Day of May, 2016 at 12:20:23 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 KATE BOTHE, PRESIDENT  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations  
All Rights Reserved