



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 25 2017

gv

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1. Entity ID Number 117078		2. Exact name of the Corporation Montessori Centre of Barrington, Inc.												
3. Principal Office Address 303 Sowams Road		City Barrington		State RI	Zip 02806									
4. NAICS Code 61 - Educational Services	6. Brief description of the character of business conducted in Rhode Island Operate child care center.													
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Rey Ann Garcia-Mills			Vice-President Name Skyler D. Mills											
Street Address 35 John Kesson Lane			Street Address 35 John Kesson Lane											
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842									
Secretary Name Skyler D. Mills			Treasurer Name Skyler D. Mills											
Street Address 35 John Kesson Lane			Street Address 35 John Kesson Lane											
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Rey Ann Garcia-Mills			Director Name Skyler D. Mills											
Street Address 35 John Kesson Lane			Street Address 35 John Kesson Lane											
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842									
Director Name Rosalina Garcia Mills			Director Name None											
Street Address 1320 Lake Erie St Middletown RI 02842			Street Address None											
City New York	State NY	Zip 10029	City None	State None	Zip None									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>200</td><td>Common</td><td>No Par Value</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value			
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200	Common	No Par Value												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.														
Name of Authorized Representative Rey Ann Garcia-Mills				Date Jan 18, 2017										
Signature of Authorized Representative 														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov