



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 *02*  
 BY 3974

1. Entity ID Number <b>117078</b>		2. Exact name of the Corporation <b>Montessori Centre of Barrington, Inc.</b>			
3. Principal Office Address <b>303 Sowams Road</b>			City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
4. NAICS Code <b>61 - Educational Services</b>		6. Brief description of the character of business conducted in Rhode Island <b>Operate child care center.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Rey Ann Garcia-Mills</b>			Vice-President Name <b>Skyler D. Mills</b>		
Street Address <b>35 John Kesson Lane</b>			Street Address <b>35 John Kesson Lane</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>Skyler D. Mills</b>			Treasurer Name <b>Skyler D. Mills</b>		
Street Address <b>35 John Kesson Lane</b>			Street Address <b>35 John Kesson Lane</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Rey Ann Garcia-Mills</b>			Director Name <b>Skyler D. Mills</b>		
Street Address <b>35 John Kesson Lane</b>			Street Address <b>35 John Kesson Lane</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Director Name <b>Rosalina Garcia Mills</b>			Director Name <b>None</b>		
Street Address <i>470 East 102nd Street, Apt. 114 1320 Lake Erie St Middletown RI</i>			Street Address <b>None</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10029</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>200</b>	<b>Common</b>	<b>No Par Value</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Rey Ann Garcia-Mills</b>					Date <i>Jan 18, 2017</i>
Signature of Authorized Representative <i>Rey Ann Garcia-Mills</i>					

MAIL TO:  
 Division of Business Services  
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 Website: www.sos.ri.gov