



**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: 2017

1. Corporate ID No. 000974379

2. Name of Corporation Montessori Pathways of New England, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

611110

4. Corporate Address in Rhode Island

No. and Street: 567 SOUTH COUNTY TRAIL, SUITE 307

City or Town: EXETER

State: RI Zip: 02822 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

TO ESTABLISH A REGIONAL SCHOOL TO PROVIDE EDUCATIONAL AND CHILD CARE SERVICES FOR CHILDREN AGES 7 TO 18 YEARS. THIS ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR EDUCATIONAL, SCIENTIFIC AND CHARITABLE PURPOSES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
SECRETARY	TARA SMITH	92 BEECHWOOD HILL TRAIL EXETER, RI 02822 USA
VICE CHAIRMAN	JACK BRADY	25 FIRST PLACE, #1B BROOKLYN, NY 11231 USA
VICE CHAIRMAN	JAY MALAVE	11 GREEN BRIAR CT FLANDERS, NJ 07836 USA
CHAIRMAN	KEVIN J SMITH	92 BEECHWOOD HILL TRAIL EXETER, RI 02822 USA
DIRECTOR	PETER SUTTON	3 ALEXANDRA CIR SOUTHBOROUGH, MA 01772 USA
DIRECTOR	JAY MALAVE	11 GREEN BRIAR CT FLANDERS, NJ 07836 USA
TREASURER	PETER SUTTON	3 ALEXANDRA CIR SOUTHBOROUGH, MA 01772 USA
DIRECTOR	JACK BRADY	25 FIRST PLACE, #1B BROOKLYN, NY 11231 USA
DIRECTOR	TARA SMITH	92 BEACHWOOD HILL EXETER, RI 02882 USA
DIRECTOR	KEVIN SMITH	92 BEACHWOOD HILL TRAIL EXETER, RI 02882 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**

KEVIN SMITH 92 BEACHWOOD HILL TRAIL EXETER , RI 02822

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

Signed this 30 Day of June, 2017 at 2:03:46 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 KEVIN J SMITH
Signature of Authorized Person

Form No. 631
Revised 09/07

