



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:** 2018

**1. Corporate ID No.** 000039668

**2. Name of Corporation** Ocean State Montessori School, 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

6

611110

**4. Corporate Address in Rhode Island**

No. and Street: 100 GROVE AVENUE

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

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**

A PRESCHOOL, KINDERGARTEN, ELEMENTARY SCHOOL, MONTESSORI EDUCATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	KATE PARSONS	266 MORRIS AVENUE PROVIDENCE, RI 02906 USA
PRESIDENT-ELECT	MEGAN MAHONEY	236 WILSON AVE RUMFORD, RI 02916 USA
TREASURER	DAVID BEAUCHESNE	12 HOLLY STREET PROVIDENCE, RI 02906 USA
SECRETARY	MICHAEL LUNARDELLI	7 ANGELL COURT PROVIDENCE, RI 02906 USA
DIRECTOR	DEBBIE BUTLER	58 EAGLE LANE SOMERSET, MA 02726 USA
DIRECTOR	LEAH DONALDSON	123 WELFARE AVE WARWICK, RI 02888 USA
DIRECTOR	CHERYL ELLIS	7 SALISBURY STREET REHOBOTH, MA 02769 USA
DIRECTOR	MARGARITA GUEDES	763 HIGH STREET CENTRAL FALLS, RI 02863 USA
DIRECTOR	ODESSA HOLT	21 GREAT CEDAR SWAMP ROAD REHOBOTH, MA 02769 USA
DIRECTOR	SARAH KLUMP	21 BEAUMONT STREET RUMFORD, RI 02916 USA
DIRECTOR	MELISSA MALONE	13 BULLOCK AVENUE BARRINGTON, RI 02806 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**

AMY ANDREWS 100 GROVE AVENUE EAST PROVIDENCE , RI 02914

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

**Signed this 13 Day of May, 2018 at 10:56:21 AM 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 MICHAEL LUNARDELLI  
Signature of Authorized Person

Form No. 631  
Revised 09/07