



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

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 SECRETARY OF BUSINESS
 CORPORATIONS DIVISION
 2018 JUN 11 PM 12:48

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.

1. Entity ID Number 302059		2. Exact name of the Corporation The Village Lower School, Inc.			
3. Principal Office Address 836 Middle Road		City East Greenwich		State RI	Zip 02818
4. NAICS Code 611110		6. Brief description of the character of business conducted in Rhode Island An elementary school, grades K-6.			
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 Heather L. Mayo			Vice-President Name Heather L. Mayo		
Street Address 237 Walmsley Lane			Street Address 237 Walmsley Lane		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Heather L. Mayo			Treasurer Name Heather L. Mayo		
Street Address 237 Walmsley Lane			Street Address 237 Walmsley Lane		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			600	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. <i>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.</i>					
Name of Authorized Representative Heather L. Mayo					Date 6/8/18
Signature of Authorized Representative <i>Heather L. Mayo</i>					

SIGN DOCUMENT **FILED**

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

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