



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

**STAMP**

FOR SECRETARY OF STATE USE ONLY

**Annual Report for the year: 2019 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 <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>624410</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 <b>132D Lake Erie Street</b>			Street Address <b>None</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SFR:FS	
		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. <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 <b>Jan 8, 2019</b>	
Signature of Authorized Representative <i>Rey Ann Garcia-Mills</i>				SIGN DOCUMENT HERE <b>FILED</b>	

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

**JAN 11 2019**  
 BY 4494 DS FORM 678 - Revised: 10/2017