



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

Annual Report for the year: **2019**
 Corporation

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

- 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 117078		2. Exact name of the Corporation Montessori Centre of Barrington, Inc.			
3. Principal Office Address 303 Sowams Road			City Barrington	State RI	Zip 02806
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island Operate child care center.			
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 Rey Ann Garcia-Mills			Vice-President Name Skyler D. Mills		
Street Address 35 John Kesson Lane			Street Address 35 John Kesson Lane		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Skyler D. Mills			Treasurer Name Skyler D. Mills		
Street Address 35 John Kesson Lane			Street Address 35 John Kesson Lane		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rey Ann Garcia-Mills			Director Name Skyler D. Mills		
Street Address 35 John Kesson Lane			Street Address 35 John Kesson Lane		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name Rosalina Garcia Mills			Director Name None		
Street Address 132D Lake Erie Street			Street Address None		
City Middletown	State RI	Zip 02842	City None	State None	Zip None
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	PAR VALUE
		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. 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.					
Name of Authorized Representative Rey Ann Garcia-Mills				Date Jun 8, 2019	
Signature of Authorized Representative <i>Rey Ann Garcia-Mills</i>				SIGN DOCUMENT HERE 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

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