



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:** 2019

**1. Corporate ID No.** 000797692

**2. Name of Corporation** Sheila C. Skip Nowell Leadership Academy

**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: 133 DELAINE STREET

City or Town: PROVIDENCE

State: RI

Zip: 02909

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 OPERATE A CHARTER SCHOOL PURSUANT TO TITLE 16 OF THE RHODE ISLAND  
GENERAL LAWS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	SHARON LEE	6 12TH STREET PROVIDENCE, RI 02906 USA
VICE PRESIDENT	DEIDRE NORTON	45 HOOD AVE RUMFORD, RI 02916 USA
DIRECTOR	GIGI DIBELLO	134 SPRING GREEN RD WARWICK, RI 02888 USA
DIRECTOR	RILWAN FEYISITAN	15 S WILLIAMS ST JOHNSTON, RI 02919 USA
DIRECTOR	PATRICIA FLANAGAN	133 DELAINE ST PROVIDENCE, RI 02909 USA
DIRECTOR	MARIA RIVERA	324 HUNT ST CENTRAL FALLS, RI 02863 USA
DIRECTOR	SARA SILVERIA	143 MIDDLE HIGHWAY BARRINGTON, RI 02806 USA
DIRECTOR	ANJEL NEWMAN	133 DELAINE ST PROVIDENCE, RI 02909 USA
DIRECTOR	REBECCA DUPRAS	62 ROME AVE PROVIDENCE, RI 02908 USA
DIRECTOR	SULINA MOHANTY	45 SAW MILL DRIVE UNIT 304 NORTH KINGSTOWN, RI 02852 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**

SHARON LEE 133 DELAINE STREET PROVIDENCE , RI 02909

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

**Signed this 28 Day of May, 2019 at 9:01:29 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 TOBY SHEPHERD  
Signature of Authorized Person

Form No. 631  
Revised 09/07