RI SOS Filing Number: 201997220000 Date: 6/17/2019 12:30:00 PM



State of Rhode Island and Providence Plantations Office of the Secretary of State

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. <u>000119765</u>
- 2. Name of Corporation The Paul Cuffee School
- 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 <u>click here.</u>

NAICS Code

6

Fee: \$20.00

611110

4. Corporate Address in Rhode Island

No. and Street: 459 PROMENADE ST.

City or Town: PROVIDENCE State: RI Zip: 02908 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 INCREASE THE DIVERSITY OF STUDENTS PURSUING SCIENTIFIC AND TECHNICAL CAREERS THROUGH HIGH QUALITY ACADEMIC AND MARITIME TRAINING IN KINDERGARTEN THRU 12TH GRADE PROGRAM FOR STUDENTS FROM PROVIDENCE, RI.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	EARL SMITH III	22 OLD BEACH ROAD NEWPORT, RI 02840 USA
TREASURER	KIMBERLY NOBLE	279 BENEFIT STREET PROVIDENCE, RI 02904 USA
VICE PRESIDENT	LEEDS MITCHELL IV	365 EDDY STREET PROVIDENCE, RI 02903 USA
CLERK	DAVID MATERNE	6 DANA ROAD BARRINGTON, RI 02806 USA
DIRECTOR	ROBERT KELLEY	26 BOYLSTON STREET RANDOLPH, MA 02368 USA
DIRECTOR	MARLON MUSSINGTON	315 EAST AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	MEKAHLA MCDONNELL	58 COLUMBIA AVE, 2R CRANSTON, RI 02905 USA
DIRECTOR	BRADFORD GIBBS	365 OLNEY STREET PROVIDENCE, RI 02906 USA
DIRECTOR	DANIEL MOOS	75 MOUNT HOPE AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	MARTHA NEWCOMB	484 POPPASQUASH ROAD BRISTOL, RI 02809 USA
DIRECTOR	JEAN PATIKY	166 VALLEY ST, 6M 422 PROVIDENCE, RI 02909 USA
DIRECTOR	SU ALMEIDA	120 BLUE HILLS PARKWAY MILTON, MA 02186 USA
DIRECTOR	JOHANNES NAGTEGAAL	1136 DRIFT ROAD WESTPORT, MA 02790 USA
DIRECTOR	ABRAHAM PINALES	136 EDGEWOOD BOULEVARD PROVIDENCE, RI 02905 USA
DIRECTOR	BEN HALL	126 BAYARD STREET PROVIDENCE, RI 02908 USA
DIRECTOR	MEGAN THOMA	91 PARADE STREET, 3R PROVIDENCE, RI 02909 USA
DIRECTOR	CARRIE BRIDGES FELIZ	228 ATLANTIC AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	ANDREA SUMMERS	53 BELMONT AVENUE PROVIDENCE, RI 02909 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

CHRISTOPHER J. HASKINS 459 PROMENADE STREET PROVIDENCE, RI 02908

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

Signed this 17 Day of June, 2019 at 12:31:37 PM 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 MARIA PALMGREN

Signature of Authorized Person

Form No. 631 Revised 09/07

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