



**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. 001667969

2. Name of Corporation TIGER LILY MONTESSORI 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 [click here](#).

NAICS Code

4. Corporate Address in Rhode Island

No. and Street: 400 HOPE STREET
SUITE A

City or Town: PROVIDENCE State: RI Zip: 02906 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 MONTESSORI SCHOOL CONSISTENT WITH THE DESIGN PRINCIPLES OF THE WILDFLOWER FOUNDATION, A MINNESOTA NONPROFIT CORPORATION DESCRIBED IN SECTION 501(C)(3) OF THE CODE DEDICATED TO CREATING SPACES FOR LEARNING THAT SUPPORT CHILDREN, PARENTS AND TEACHERS ON THEIR UNFOLDING JOURNEY TOWARD FULFILLING THEIR POTENTIAL.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| PRESIDENT | BRITTNEY POWELL | 100 BOWEN STREET(APT 1W) PROVIDENCE, RI 02906 US |
| TREASURER | KATIE RIESER | 28 GLEENWOOD AVE PAWTUCKET, RI 02860 US |
| SECRETARY | DAVID YOKUM | 8 MOSES BROWN STREET PROVIDENCE, RI 02906 US |
| VICE PRESIDENT | BRITNI HAYNIE BROUSSARD | 21 SESSIONS STREET PROVIDENCE, RI 02906 US |
| DIRECTOR | KANAN PATEL | 883 CAMBRIDGE STREET CAMBRIDGE, MA 02141 US |
| DIRECTOR | DAVID YOKUM | 8 MOSES BROWN STREET PROVIDENCE, RI 02906 US |
| DIRECTOR | KATIE RIESER | 28 GLEENWOOD AVE PAWTUCKET, RI 02906 US |
| DIRECTOR | BRITTNEY POWELL | 100 BOWEN STREET(APT 1W) PROVIDENCE, RI 02906 US |
| DIRECTOR | BRITNI HAYNIE BROUSSARD | 21 SESSIONS STREET PROVIDENCE, RI 02906 US |

**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**

BRITTNEY POWELL 400 HOPE STREET SUITE A PROVIDENCE , RI 02906

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

Signed this 24 Day of June, 2019 at 11:40:52 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 BRITTNEY POWELL
Signature of Authorized Person

Form No. 631
Revised 09/07

