



**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

6

624410

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> 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

