

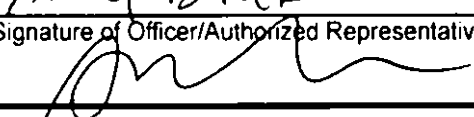
Annual Report for the <sup>Year</sup> 2019  
Non-Profit Corporation

FILED

AUG 19 2019

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30

BY 1537-1538

1. Entity ID Number <u>000792214</u>		2. Exact name of the Corporation <u>West Side Montessori DBA Montessori Community School of P</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To provide quality early education of oppor.hood using Montessori philosophy, core values, and pedagogy to inform all instruction, activities, staff engagements and workshops, community partnerships and leadership.</u>	
4. NAICS Code <u>624410</u>			
6. Principal Office Address <u>73 Starwood St</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02907</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Ruth Corley</u>		Vice-President Name <u>Kevin Darrow</u>	
Street Address <u>79 Wheeler Ave.</u>		Street Address <u>195 Lenox Ave.</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02907</u>	
Secretary Name <u>Shanice Eris</u>		Treasurer Name <u>Stephanie Preston</u>	
Street Address <u>139 Armington St.</u>		Street Address <u>121 Warrington St.</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02907</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Shanell Lavery</u>		Director Name <u>Kia Anthony</u>	
Street Address <u>132 Armington St.</u>		Street Address <u>50 Ardoene St. Apt 3</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02905</u>		Zip <u>02903</u>	
Director Name <u>Aarin Clemons</u>		Director Name <u>-</u>	
Street Address <u>24 9th St.</u>		Street Address <u>-</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>-</u>	State <u>-</u>
Zip <u>02906</u>		Zip <u>-</u>	
9 Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative <u>Amy Barak</u>			Date <u>8/14/19</u>
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE