



RI SOS Filing Number: 202033461140 Date: 1/30/2020 4:00:00 PM  
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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JAN 30 2020

Annual Report for the year: **2020**  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BY FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number <b>117078</b>		2. Exact name of the Corporation <b>Montessori Centre of Barrington, Inc.</b>			
3. Principal Office Address <b>303 Sowams Road</b>			City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
4. NAICS Code <b>624410</b>		6. Brief description of the character of business conducted in Rhode Island <b>Operate child care center.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Rey Ann Garcia-Mills</b>			Vice-President Name <b>Skyler D. Mills</b>		
Street Address <b>35 John Kesson Lane</b>			Street Address <b>35 John Kesson Lane</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>Skyler D. Mills</b>			Treasurer Name <b>Skyler D. Mills</b>		
Street Address <b>35 John Kesson Lane</b>			Street Address <b>35 John Kesson Lane</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Rey Ann Garcia-Mills</b>			Director Name <b>Skyler D. Mills</b>		
Street Address <b>35 John Kesson Lane</b>			Street Address <b>35 John Kesson Lane</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Director Name <b>Rosalina Garcia Mills</b>			Director Name <b>None</b>		
Street Address <b>132D Lake Erie Street</b>			Street Address <b>None</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative <b>Rey Ann Garcia-Mills</b>					Date <b>Jan 28, 2020</b>
Signature of Authorized Representative <i>Rey Ann Garcia-Mills</i>					
SIGN DOCUMENT HERE					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017