



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: 2020

1. Corporate ID No. 000792214

2. Name of Corporation West Side Montessori

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: 73 STANWOOD STREET

City or Town: PROVIDENCE

State: RI

Zip: 02907

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 PROVIDE QUALITY EARLY EDUCATIONAL OPPORTUNITIES USING MONTESSORI PHILOSOPHY, CORE VALUES, AND PEDAGOGY TO INFORM ALL INSTRUCTION, ACTIVITIES, STAFF ENGAGEMENTS, PARENT ENGAGEMENTS AND WORKSHOPS, COMMUNITY PARTNERSHIPS AND LEADERSHIP.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	RUTH CORLEY	79 WHEELER AVENUE CRANSTON, RI 02905 USA
TREASURER	STEPHANIE PRESTON	181 WHITMARSH STREET PROVIDENCE, RI 02907 USA
SECRETARY	SHARICE ENIS	139 ARMINGTON STREET CRANSTON, RI 02905 USA
VICE PRESIDENT	KEVIN DARROW	756 ACEQUIA MADRE SANTA FE, NM 87505 USA
VICE PRESIDENT	OLATUNDE KAMSON	58 TIFFANY STREET PROVIDENCE, RI 02908 USA
DIRECTOR	AMY BORAK	19 MOUNT HOPE AVE PROVIDENCE, RI 02906 USA
DIRECTOR	KIA ANTHONY	50 ARDOENE STREET APT. 3 PROVIDENCE, RI 02903 USA
DIRECTOR	ANGELIA DURAN	172 NARRAGANSETT STREET CRANSTON, RI 02905 USA
DIRECTOR	SABRINA URIBE RUGGIERO	23 HOWARD ST. CRANSTON, RI 02920 USA
DIRECTOR	LINDSEY BRICKLE	3 RIVERVIEW DRIVE BARRINGTON, RI 02806 USA
DIRECTOR	SARAH ARNSTEN	72 BLUFF AVENUE CRANSTON, RI 02905 USA
DIRECTOR	COLLEEN O'DONNELL	20 HARRISON ST. 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**

AMY BORAK 73 STANWOOD STREET PROVIDENCE , RI 02907

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

Signed this 3 Day of July, 2020 at 11:30:05 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 GINA MARCIANO
Signature of Authorized Person

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