



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2020**

Non-Profit Corporation

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

FILED STAMP
 JUL 08 2020
 BY 56380 OS

1. Entity ID Number 000028265		2. Exact name of the Corporation Providence Country Day School			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Secondary Education - grades 6-12			
4. NAICS Code 611110 - Elementary and Se					
6. Principal Office Address 660 Waterman Ave		City East Providence	State RI	Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Mullen		Vice-President Name Paula McNamara			
Street Address 288 Freeman Parkway		Street Address 23 Catlin Ave			
City Providence	State RI	Zip 02906	City Rumford	State RI	Zip 02916
Secretary Name M. Hamza Chaudary		Treasurer Name David Quinones			
Street Address One Citizens Plaza, 8th Floor		Street Address 126 Stage Neck Rd			
City Providence	State RI	Zip 02903	City Chatham	State MA	Zip 02633
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Douglas Ames		Director Name Caroline Bazar Aparo			
Street Address 550 Norwich Rd		Street Address 166 Hoyt Ave			
City Plainfield	State CT	Zip 06374	City Rumford	State RI	Zip 02916
Director Name David Bazar		Director Name Matthew Beardwood			
Street Address 197 Taunton Ave		Street Address 1013 Centre Rd., Suite 405			
City East Providence	State RI	Zip 02914	City Wilmington	State DE	Zip 19805
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<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 M. Hamza Chaudary				Date 7/11/2020	
Signature of Officer/Authorized Representative <i>M. Hamza Chaudary</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

Luis Matos
104 Woodbury St.
Providence, RI 02906

Patrick McQuade
150 Central Park South Apt 1408
New York, NY 10019

Suzanne Oppenheimer
22 Woburn Rd.
Rumford, RI 02916-2819

Joanna Saltonstall
34 Dryden Ave
Pawtucket, RI 02860-5753

FILED

JUL 08 2020

BY 20380 