



State of Rhode Island

Department of State - Business Services Division

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.

STAMP

1. Entity ID Number 000795074		2. Exact name of the Corporation Montessori of Greenwich Bay, Inc.	
3. Principal Office Address 3285 South County Trail		City East Greenwich	State RI
		Zip 02818	
4. NAICS Code 611699	6. Brief description of the character of business conducted in Rhode Island Montessori Early childhood education with before and after care services for children ages 18 months - 5 years, including Kindergarten.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Lynne H Way		Vice-President Name	
Street Address 380 Stone Ridge Drive		Street Address	
City East Greenwich	State RI	Zip 02818	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Lynne Way		Director Name	
Street Address 380 Stone Ridge Drive		Street Address	
City East Greenwich	State RI	Zip 02818	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.			
Changes require an additional filing.			
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES 1.0		CLASS/SERIES	PAR VALUE \$1.00
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 Lynne H Way			Date 9/30/20
Signature of Authorized Representative <i>Lynne H Way</i>			

FILED

KM

OCT 06 2020

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

BY 1380

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