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

FILED
NOV 30 2020 CV
BY 3136

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.

1. Entity ID Number	2. Exact name of the Corporation
0000030503	Woodlawn Catholic Regional School Inc
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: school
4. NAICS Code: 611110	

6. Principal Office Address	City	State	Zip
61 Hope Street	Pawtucket	RI	02860

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Roger Theroux		Vice-President Name: Erick Cifuentes	
Street Address: 131 Mulberry St		Street Address: 555 Chaplin St.	
City: Pawtucket	State: RI Zip: 02860	City: Pawtucket	State: RI Zip: 02861
Secretary Name: Ann Marshall		Treasurer Name: Robert Deignan	
Street Address: 14 Villa Drive		Street Address: 185 Francis Street	
City: N. Providence	State: RI Zip: 02911	City: Pawtucket	State: RI Zip: 02860

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: Anita Mailhot		Director Name: Peggy Sheehy	
Street Address: 48 Liberty St.		Street Address: 69 Blaisdell Ave.	
City: Central Falls	State: RI Zip: 02863	City: Pawtucket	State: RI Zip: 02860
Director Name: Roger Theroux		Director Name:	
Street Address: 131 Mulberry St		Street Address:	
City: Pwt	State: RI Zip: 02860	City:	State: Zip:

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.

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

Name of Officer/Authorized Representative: Veronica Procopio — Date: 3/6/2018

Signature of Officer/Authorized Representative: Veronica Procopio

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 631 - Revised: 06/2017