



State of Rhode Island

Department of State - Business Services Division

FILED

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.

APR 21 2021

BY YIB OS

1 Entity ID Number 001693983		2 Exact name of the Corporation Orchid Montessori School			
3 State of Incorporation Rhode Island		5 Brief description of the character of business conducted in Rhode Island Orchid Montessori School will provide early education and child care services for children ages 2 years, 9 months to 6 years. The organization is currently inactive and plans to move forward with an opening in the fall of 2022. Our organization had no budget in 2020, and all activities were purely volunteer-based.			
4 NAICS Code 624410 - Child Day Care					
6. Principal Office Address 26 Thomas Avenue			City Attleboro	State MA	Zip 02703
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Cassandra Ward			Vice-President Name Kathleen Rodrigues		
Street Address 74 Summer Street			Street Address 26 Thomas Avenue		
City Rehoboth	State MA	Zip 02769	City Attleboro	State MA	Zip 02703
Secretary Name Kathleen Rodrigues			Treasurer Name Katelyn Castonguay		
Street Address 26 Thomas Avenue			Street Address 106 Blackberry Road		
City Attleboro	State MA	Zip 02703	City North Attleboro	State MA	Zip 02760
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Cassandra Bravetti			Director Name Kathleen Rodrigues		
Street Address 74 Summer Street			Street Address 26 Thomas Avenue		
City Rehoboth	State MA	Zip 02769	City Attleboro	State MA	Zip 02703
Director Name Katelyn Castonguay			Director Name Martha Hinkley		
Street Address 106 Blackberry Road			Street Address 290 Broadway		
City North Attleboro	State MA	Zip 02760	City Cambridge	State MA	Zip 02139
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Kathleen Rodrigues, Secretary				Date 1/18/2021	
Signature of Officer/Authorized Representative <i>Kathleen Rodrigues</i>				Date 1/18/21	

MAIL TO:
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 Website: www.sos.ri.gov