



**State of Rhode Island  
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:** 2021

**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

**4. Principal Office Address**

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:

**5. Brief Description of the Character of the Affairs 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.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| PRESIDENT      | RUTH CORLEY   | 79 WHEELER AVE<br>CRANSTON, RI 02905 USA                          |
| TREASURER      | OLATUNDE KAMSON                                       | 58 TIFFANY STREET<br>PROVIDENCE, RI 02908 USA                     |
| SECRETARY      | COLLEEN O'DONNELL                                     | 20 HARRISON STREET<br>PROVIDENCE, RI 02909 USA                    |
| VICE PRESIDENT | ANGELIA DURAN   | 172 NARRAGANSETT STREET<br>CRANSTON, RI 02905 USA                 |
| DIRECTOR       | ANNY SERRANO  | 35 NORTH FAIRVIEW STREET<br>JOHNSTON, RI 02919 USA                |
| DIRECTOR       | JAE L LOPES   | 1058 NARRAGANSETT BLVD.<br>CRANSTON, RI 02905 USA                 |
| DIRECTOR       | JOSHUA XAVIER   | 40 NORTH ORCHARD STREET<br>NORTH PROVIDENCE, RI 02911 USA         |
| DIRECTOR       | LINDSEY BRICKLE                                       | 3 RIVERVIEW DR.<br>BARRINGTON, RI 02806 USA                       |
| DIRECTOR       | SARAH ARNSTEN   | 72 BLUFF AVENUE<br>CRANSTON, RI 02905 USA                         |
| DIRECTOR       | BRITNI HAYNIE   | 21 SESSIONS STREET<br>PROVIDENCE, RI 02906 USA                    |
| DIRECTOR       | SABRINA URIBE RUGGIERO                                | 23 HOWARD STREET<br>CRANSTON, RI 02920 USA                        |

**7. 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

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

**Signed this 29 Day of June, 2021 at 12:05:31 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 SABRINA URIBE RUGGIERO  
Signature of Authorized Person

Form No. 631  
Revised 09/07