



State of Rhode Island
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.

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 BUS SVCS DIV
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1. Entity ID Number 001698944		2. Exact name of the Corporation Rhode Island Christian Homeschool Cooperative	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide educational and religious support and resources for homeschooling families.	
4. NAICS Code 813319			
6. Principal Office Address 51 Smith Street		City Bristol	State RI
		Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Debra L. Bonilla		Vice-President Name Kara Lau	
Street Address 138 Warwick Rd		Street Address 14 Teaberry Lane	
City Pawtucket	State RI	City Hope Valley	State RI
	Zip 02861		Zip 02832
Secretary Name Jaime Carroll		Treasurer Name Stasha Brown	
Street Address 10 Chariho Drive		Street Address 18 Hopedale Dr	
City Wyoming	State RI	City West Warwick	State RI
	Zip 02898		Zip 02893
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 Debra L. Bonilla		Director Name Kara Lau	
Street Address 138 Warwick Rd		Street Address 14 Teaberry Lane	
City Pawtucket	State RI	City Hope Valley	State RI
	Zip 02861		Zip 02832
Director Name Melonie Massa		Director Name Jaime Carroll	
Street Address 51 Smith Street		Street Address 10 Chariho Dr	
City Bristol	State RI	City Wyoming	State RI
	Zip 02809		Zip 02893
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 Stasha Brown			Date 6/22/2021
Signature of Officer/Authorized Representative <i>Stasha Brown</i>			

FILED

JUN 28 2021
 BY **PKAVK**
A.A. 2:33 PM