



State of Rhode Island

Department of State - Business Services Division

FILEDAnnual Report for the year: **2021**

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.

BY

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1. Entity ID Number 000030155		2. Exact name of the Corporation The Wheeler School			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Not for profit Independent School serving grades N-12. Enacted by the General Assembly during the January session of 1922. Effective 4/26/1922.			
4. NAICS Code 611110 - Elementary and Seco <input type="checkbox"/>					
6. Principal Office Address 216 Hope Street		City Providence		State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alisia St. Florian			Vice-President Name James Kase		
Street Address 216 Hope Street			Street Address 216 Hope Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Sandra Smith			Treasurer Name Jennifer Cookke		
Street Address 216 Hope Street			Street Address 216 Hope Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 Allison Gaines Pell, CEO			Director Name Kathleen Wilson, CFO		
Street Address 216 Hope Street			Street Address 216 Hope Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Gary R Esposito			Director Name		
Street Address 216 Hope Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
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.					
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 Kathleen Wilson				Date 7/13/2021	
Signature of Officer/Authorized Representative <i>Kathleen Wilson</i>				7/13/21	

MAIL TO:

Division of Business Services

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