



State of Rhode Island
Department of State - Business Services Division

FILED

Annual 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.

JUL 15 2021
 BY 53587

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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. | | | | | |
| <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 Wilson | | | | Date 7/13/2021 | |
| Signature of Officer/Authorized Representative | | | | 7/13/21 | |

MAIL TO:
 Division of Business Services
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