



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2021**  
**Non-Profit Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
 2022 JUL - 8

1. Entity ID Number <b>0001693983</b>		2. Exact name of the Corporation <b>Orchid Montessori School</b>	
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Orchid Montessori School will provide early education for children ages 3 to 6. The organization is currently inactive and had no budget in 2021. We plan to open in the fall of 2022.</b>	
4. NAICS Code <b>624410 - Child Day Care Service</b>			
6. Principal Office Address <b>1006 Charles Street #102</b>		City <b>North Providence</b>	State <b>RI</b>
		Zip <b>02904</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Sarah Hamel</b>		Vice-President Name <b>Kathleen Rodrigues</b>	
Street Address <b>42 Bay State Road, Floor 2</b>		Street Address <b>26 Thomas Avenue</b>	
City <b>Rehoboth</b>	State <b>MA</b>	City <b>Attleboro</b>	State <b>MA</b>
Zip <b>02769</b>		Zip <b>02703</b>	
Secretary Name <b>Kathleen Rodrigues</b>		Treasurer Name <b>Stephanie Izzi</b>	
Street Address <b>26 Thomas Avenue</b>		Street Address <b>42 Bay State Road, Floor 1</b>	
City <b>Attleboro</b>	State <b>MA</b>	City <b>Rehoboth</b>	State <b>MA</b>
Zip <b>02703</b>		Zip <b>02769</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Sarah Hamel</b>		Director Name <b>Stephanie Izzi</b>	
Street Address <b>42 Bay State Road, Floor 2</b>		Street Address <b>42 Bay State Road, Floor 1</b>	
City <b>Rehoboth</b>	State <b>MA</b>	City <b>Rehoboth</b>	State <b>MA</b>
Zip <b>02769</b>		Zip <b>02769</b>	
Director Name <b>Kathleen Rodrigues</b>		Director Name <b>Ghazal Mir</b>	
Street Address <b>26 Thomas Avenue</b>		Street Address <b>1006 Charles Street #102</b>	
City <b>Attleboro</b>	State <b>MA</b>	City <b>North Providence</b>	State <b>RI</b>
Zip <b>02703</b>		Zip <b>02904</b>	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Kathleen Rodrigues</b>			Date <b>7/1/2022</b>
Signature of Officer/Authorized Representative <i>Kathleen Rodrigues</i>			<b>FILED</b>

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
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 BY *MS CQAOP*