



**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: February 1 - May 1*

*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:** 2023

**1. Corporate ID No.** 000485127

**2. Name of Corporation** Middlebridge School, Inc.

**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

61110

**4. Principal Office Address**

No. and Street: 333 OCEAN ROAD

City or Town: NARRAGANSETT State: RI Zip: 02882 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO OPERATE A SCHOOL FOR CHILDREN GRADES 9 TO 12

**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.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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TRUSTEE	ADAM GEIGER MR.	16 DANIEL LANE DIX HILLS, NY 11746 USA
DIRECTOR	JOHN JAY KAUFMAN MR.	37 BORDER DRIVE WAKEFIELD, RI 02880 USA
DIRECTOR	DAVID IVES	5 CHERRY HILL STREET WEST NEWBURY, MA 01985 USA
DIRECTOR	BRIAN GRAFF	28 HILLTOP DR. CHAPPAQUA, NY 10514 USA
DIRECTOR	PAUL HERMAN	81 SYCAMORE AVE MILL VALLEY, CA 94941 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**

MARK PELSON 333 OCEAN ROAD NARRAGANSETT , RI 02882

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

**Signed this 19 Day of January, 2023 at 9:24:48 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 KATEY TILLINGHAST  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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