State of Rhode Island Fee: \$2   Office of the Secretary of State Fee: \$2					
/ 🔶 🔪		Business Service			
		. River Street	-5		
		e RI 02904-2615			
1636		) 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. 001667969					
2. Name of Corporation TIGER LILY MONTESSORI SCHOOL					
3. State of Incorporation					
State: <u>RI</u>					
	ART	CLE 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 <u>click here.</u>					
NAICS Code					
624410					
4. Principal Office Address					
No. and Street:	400 HOPE STREET				
	<u>SUITE A</u>				
City or Town:	PROVIDENCE	State: <u>RI</u> Zij	p: <u>02906</u>	Country: <u>USA</u>	
		'	·	, <u> </u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island					
TO ODED ATE A MONTERCODI CONCIETENT WITH THE DEGICN DDINGIDI EC					
TO OPERATE A MONTESSORI SCHOOL CONSISTENT WITH THE DESIGN PRINCIPLES OF THE WILDFLOWER FOUNDATION, A MINNESOTA NONPROFIT CORPORATION					
DESCRIBED IN SECTION 501(C)(3) OF THE CODE DEDICATED TO CREATING SPACES					
FOR LEARNING THAT SUPPORT CHILDREN, PARENTS AND TEACHERS ON THEIR					
UNFOLDING JOURNEY TOWARD FULFILLING THEIR POTENTIAL.					

#### 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
PRESIDENT	BRITTNEY POWELL	252 HIGH STREET (REAR 1) FALL RIVER, MA 02720 USA
VICE PRESIDENT	EMILY B BRAUNHARDT	174 HAZARD AVE EAST PROVIDENCE , RI 02914 USA
DIRECTOR	EMILY B BRAUNHARDT	174 HAZARD AVE EAST PROVIDENCE, RI 02914 USA
DIRECTOR	BRITTNEY POWELL	252 HIGH STREET (REAR 1) FALL RIVER, MA 02720 USA
DIRECTOR	MICHAEL MOTIA	92 LAUREL AVE PROVIDENCE, RI 02906 USA
DIRECTOR	EMILY OWENS	166 UNIVERSITY AVE PROVIDENCE, RI 02906 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

BRITTNEY POWELL 400 HOPE STREET SUITE A PROVIDENCE , RI 02906

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

## Signed this 13 Day of February, 2023 at 1:07:00 PM 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 BRITTNEY POWELL

Signature of Authorized Person

Form No. 631 Revised 09/07

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