



**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.** 000028504

**2. Name of Corporation** The Red Brick Nursery 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

624410

**4. Principal Office Address**

No. and Street: 50 MIDDLE HIGHWAY

City or Town: BARRINGTON

State: RI

Zip: 02806

Country: USA

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

TO PROVIDE A NURSERY SCHOOL AND KINDERGARTEN PROGRAM FOR  
STUDENTS AGE 3-6 YEARS

**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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAELA MORIARTY	53 NEW MEADOW BARRINGTON, RI 02806 USA
TREASURER	KATHY LEE	9 PINE CONE DR BARRINGTON, RI 02806 US
DIRECTOR	KATHLEEN PATRICIA RYWOLT	4 HIGHVIEW AVE BARRINGTON, RI 02806 USA
DIRECTOR	KATHY LEE	9 PINE CONE DR BARRINGTON, RI 02806 USA
DIRECTOR	MEREDITH HAFFENREFFER	18 ANCHORAGE WAY BARRINGTON, RI 02806 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**

KATHLEEN RYWOLT 50 MIDDLE HIGHWAY BARRINGTON , RI 02806

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

**Signed this 27 Day of February, 2023 at 2:02:38 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 KATHLEEN RYWOLT  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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