



**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. 000030478

2. Name of Corporation WOOD RIVER PRE-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: 1116 MAIN ST
City or Town: HOPE VALLEY State: RI Zip: 02832 Country: USA

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

PRE-SCHOOL PROGRAM

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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PRESIDENT	CARRIE USMAR	15 ALDRICH ST WYOMING, RI 02898 USA
TREASURER	KIM ANDERSON	MAIN ST RICHMOND, RI 02892 USA
SECRETARY	LAURA CLARKE	175 WOODY HILL RD HOPE VALLEY, RI 02832 USA
VICE PRESIDENT	EMILY THOMPSON	FENNER HILL RD HOPE VALLEY, RI 02832 USA
DIRECTOR	MELISSA KAY	CLEARVIEW DR RICHMOND, RI 02892 USA
DIRECTOR	ERICKA DEVINE	11 LAKESIDE DR HOPE VALLEY, RI 02832 USA
DIRECTOR	KAYLA FRIEND	4 WILDWOOD CT WYOMING, RI 02892 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

DEBRA J. MCBRIDE 1059 MAIN STREET HOPE VALLEY , RI 02832

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

Signed this 17 Day of March, 2023 at 5:24:25 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 DEBRA MCBRIDE
Signature of Authorized Person

Form No. 631
Revised 09/07

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