



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

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
DEPT. OF STATE
BUSINESS SERVICES DIVISION

2023 APR -5 AM 11:11

1. Entity ID Number 000798747		2. Exact name of the Corporation Lifespan School Solutions, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Research, education and direct patient care.			
4. NAICS Code 611110 - Elementary and Second					
6. Principal Office Address 1011 Veterans Memorial Parkway			City East Providence	State RI	Zip 02915
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name Henry Sachs, III, M.D.			Vice-President Name		
Street Address 1011 Veterans Memorial Parkway			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
Secretary Name Trish Martins			Treasurer Name Dale Radka, M.D.		
Street Address 69 Narragansett Avenue			Street Address 106 Poppasquash Road		
City Portsmouth	State RI	Zip 02871	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. <input checked="" type="checkbox"/> Check the box to indicate an attachment					
Director Name Henry Sachs, III, M.D. (Chair & President)			Director Name Thomas Anders, M.D.		
Street Address 1011 Veterans Memorial Parkway			Street Address 8 Bayview Avenue		
City East Providence	State RI	Zip 02915	City South Dartmouth	State MA	Zip 02748
Director Name Greta Francis, Ph.D.			Director Name Trish Martins		
Street Address 19 Harbour Terrace			Street Address 69 Narragansett Avenue		
City Cranston	State RI	Zip 02905	City Portsmouth	State RI	Zip 02871
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<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 Henry Sachs, III, M.D.					Date 2/21/23
Signature of Officer/Authorized Representative 					

FILED

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

APR 05 2023
BY ML 100095749

Lifespan School Solutions, Inc.

ID #000798747

8. Directors

Jozy Mainelli 42 Clubhouse Drive Narragansett, RI 02882

Dale Radka, M.D. 106 Poppasquash Road Bristol, RI 02809
