



State of Rhode Island
Department of State - Business Services Division

FILED

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.

MAY 30 2023
BY 10/23

KJ

1. Entity ID Number 000029711		2. Exact name of the Corporation WEST BAY CHRISTIAN SCHOOL ASSOCIATION INC	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island ELEMENTARY EDUCATION	
4. NAICS Code 611110			
6. Principal Office Address 475 SCHOOL ST		City NORTH KINGSTOWN	State RI Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MATTHEW FEARON		Vice-President Name BRIAN MCCOOMBS	
Street Address 15 GLEN RIDGE RD		Street Address 150 SKUNK HILL RD	
City CRANSTON	State RI	Zip 02920	City EXETER State RI Zip 02822
Secretary Name PHILLIP CURTIS		Treasurer Name IAN PARENTEAU	
Street Address 52 CEDAR GROVE DR		Street Address 57 BRAMBLE LANE	
City EXETER	State RI	Zip 02822	City WEST WARWICK State RI Zip 02893
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name LINDSAY MILLER		Director Name JOSH WIEDENROTH	
Street Address 45 TIPPING ROCK DRIVE		Street Address 115 WELLSRING DR	
City EAST GREENWICH	State RI	Zip 02818	City CRANSTON State RI Zip 02920
Director Name CHRIS SYLVESTER		Director Name JOYCE RUPPELL	
Street Address 180 COWESETT GREEN DRIVE		Street Address 49 POJAC POINT RD	
City WARWICK	State RI	Zip 02886	City NORTH KINGSTOWN State RI Zip 02852
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 MATTHEW FEARON			Date 5-23-2023
Signature of Officer/Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

WEST BAY CHRISTIAN SCHOOL ASSOCIATION, INC.

ADDITIONAL DIRECTORS:

JOE SCHRADER
30 ABATECOLA WAY
JOHNSTON, RI 02919

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