State of Rhode Island
Department of State - Business Services Division

FILED
MAY 30 2023
BY 10123

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.

1. Entity ID Number	2. Exact name of the Corporation
000029711	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	City	State	Zip
475 SCHOOL ST	NORTH KINGSTOWN	RI	02852

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☑

Director Name: LINDSAY MILLER			Director Name: JOSH WIEDENROTH		
Street Address: 45 TIPPING ROCK DRIVE			Street Address: 115 WELLSPRING 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.

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

Name of Officer/Authorized Representative	Date
MATTHEW FEARON	**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

FORM 631- Revised: 04/2023

WEST BAY CHRISTIAN SCHOOL ASSOCIATION, INC.

ADDITIONAL DIRECTORS:

JOE SCHRADER
30 ABATECOLA WAY
JOHNSTON, RI 02919

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