



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
23 OCT 19 PM 2:21:53

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 <b>001735260</b>		2. Exact name of the Corporation <b>Providence Classical Academy</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>cooperative and collaborative elementary and (eventually) secondary education for home-school families</b>			
4. NAICS Code <b>813410</b>					
6. Principal Office Address <b>30 Osborn Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jacob Micahel Van Sickle</b>			Vice-President Name <b>Jarrold Lynn</b>		
Street Address <b>30 Osborn St</b>			Street Address <b>119 Ledge Rd</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
Secretary Name <b>Jonathan Crossman</b>			Treasurer Name <b>Luke Harding</b>		
Street Address <b>115 Jastram St</b>			Street Address <b>22 Circle Drive</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Sasha Van Sickle</b>			Director Name <b>Debra Lozon</b>		
Street Address <b>30 Osborn St</b>			Street Address <b>115 Jastram St</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Director Name <b>Sara Harding</b>			Director Name		
Street Address <b>22 Circle Dr</b>			Street Address		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Jarrold Lynn</b>				Date <b>Oct, 16, 2023</b>	
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

FILED

OCT 19 2023  
BY **5E616**  
AA. 2:22pm  
FORM 631- Revised 04/2023