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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.

1. Entity ID Number	2. Exact name of the Corporation
001735260	Providence Classical Academy
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: cooperative and collaborative elementary and (eventually) secondary education for home-school families
4. NAICS Code: 813410 [redacted]	

6. Principal Office Address	City	State	Zip
30 Osborn Street	Providence	RI	02908

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

President Name: Jacob Micahel Van Sickle			Vice-President Name: Jarrod Lynn		
Street Address: 30 Osborn St			Street Address: 119 Ledge Rd		
City: Providence	State: RI	Zip: 02908	City: Seekonk	State: MA	Zip: 02771
Secretary Name: Jonathan Crossman			Treasurer Name: Luke Harding		
Street Address: 115 Jastram St			Street Address: 22 Circle Drive		
City: Providence	State: RI	Zip: 02908	City: East Providence	State: RI	Zip: 02915

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Sasha Van Sickle			Director Name: Debra Lozon		
Street Address: 30 Osborn St			Street Address: 115 Jastram St		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02906
Director Name: Sara Harding			Director Name:		
Street Address: 22 Circle Dr			Street Address:		
City: East Providence	State: RI	Zip: 02908	City:	State:	Zip:

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
Jarrod Lynn	**Oct, 16, 2023**

Signature of Officer/Authorized Representative

FILED
OCT 19 2023
BY EGG
A.A. 2:22 PM

MAIL TO:
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