



**State of Rhode Island
Department of State - Business Services Division**

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Annual Report for the year: 2024
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 001697592	2. Exact name of the Corporation Ocean State Cooperative
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island We are a nonprofit business that facilitates relationships amongst homeschool families. We run field trips and enrichment classes for kids ages 3-18.
4. NAICS Code 813319	

6. Principal Office Address 15 Duncan Rd	City Warwick	State RI	Zip 02886
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Julia Arnold			Vice-President Name Elizabeth White		
Street Address 15 Duncan Rd			Street Address 46 Patton St		
City Warwick	State RI	Zip 02886	City Coventry	State RI	Zip 02816
Secretary Name Vichara Santos-Silva			Treasurer Name Kati Hersey		
Street Address 27 Sisson Rd			Street Address 101 Leigh St		
City Coventry	State RI	Zip 02827	City Warwick	State RI	Zip 02889

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 Julia Arnold			Director Name Elizabeth White		
Street Address 15 Duncan Rd			Street Address 46 Patton St		
City Warwick	State ri	Zip 02886	City Coventry	State RI	Zip 02816
Director Name Vichara Santos-Silva			Director Name Kati Hersey		
Street Address 27 Sisson Rd			Street Address 101 Leigh St.		
City Coventry	State RI	Zip 02827	City Warwick	State RI	Zip 02889

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 Julia Arnold	Date 10/2/2023
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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

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