



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024**

**1. Corporate ID No.** 000568108

**2. Name of Corporation** Rhode Island Nurses Institute Middle College Charter High School

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

611110

**4. Principal Office Address**

No. and Street: 150 WASHINGTON STREET

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO ORGANIZE OPERATE AND PROMOTE EDUCATIONAL INSTITUTE

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-------|--|--|
|-------|--|--|

|           |                  |   |
|-----------|------------------|---|
| TREASURER | LARA LASKOWSKI   | 7 LONGUE VUE AVENUE<br>NORTH PROVIDENCE, RI 02904 USA |
| SECRETARY | LORI JOHNSON     | 89 COBBLESTONE TERRACE<br>CRANSTON, RI 02921 USA      |
| CHAIR     | MARGARET M WEBB  | 13 FOX RIDGE DRIVE<br>WYOMING, RI 02898 USA           |
| DIRECTOR  | LINDA MENDONCA   | 42 COLE AVENUE<br>PROVIDENCE, RI 02906 USA            |
| DIRECTOR  | MARIA DUCHARME   | 22 STONE TOWER LANE<br>BARRINGTON, RI 02806 USA       |
| DIRECTOR  | DENISE RONCARATI | 43 FOLLETT STREET<br>CUMBERLAND, RI 02864 USA         |
| DIRECTOR  | CHRISTINA LEWIS  | 189 PARK AVENUE UNIT 1<br>WARWICK, RI 02889 USA       |
| DIRECTOR  | JOEL TAVAREZ     | 200 BRAYTON AVENUE<br>CRANSTON, RI 02920 USA          |
| DIRECTOR  | XAVIER BROOKS    | 243 SMITHFIELD RD<br>NORTH PROVIDENCE, RI 02904 USA   |
| DIRECTOR  | MARY LEVEILLEE   | 35 DEERFIELD DRIVE<br>EAST GREENWICH, RI 02818 USA    |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MATTHEW R. PLAIN, ESQ. ONE FINANCIAL PLAZA, 18TH FLOOR PROVIDENCE , RI 02903

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

**Signed this 5 Day of January, 2024 at 8:36:57 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By PAMELA L MCCUE  
Signature of Authorized Person

Form No. 631  
Revised 09/07