	State of Rhode Office of the Secreta		Fee: \$20.00
	Division Of Busines	s Services	
	148 W. River S		
7636	Providence RI 029 (401) 222-30		
Non Brofit Corneration	(101) 222 30		
Non-Profit Corporation Annual Report			
Filing Period: February 1 - May	/ 1		
In accordance with R.I.G.L. 7-0 annual report within the time p penalty fee of \$25.00.	· · · · · · · · · · · · · · · · · · ·		
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR 2	024 : <u>2024</u>	
1. Corporate ID No. <u>0000</u>	<u>29304</u>		
2. Name of Corporation <u>SOL</u>	JTH COUNTY DAY SCHO	DOL	
3. State of Incorporation			
State: <u>RI</u>			
	NAICS CODE		
Using the dropdown labeled N primary type of activity in whi populate a NAICS Code base box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the d the NAICS Code is kno	lropdown will
NAICS Code			
<u>624410</u>			
4. Principal Office Address			
No. and Street: 1239 TO	WER HILL ROAD		
1237 10		tate: <u>RI</u> Zip: <u>02852</u>	Country: <u>USA</u>
5. Brief Description of the Ch	aracter of the Affairs Condu	ucted in Rhode Island	
EDUCATIONAL AND CHI	LD CARE PROGRAMS F	OR CHILDREN 3-8 Y	<u>'EARS OLD</u>
6. Names and Addresses of	the Officers and Directors:		
All Directors and Officers m Island Corporation shall not		e number of DIRECTO	RS of a Rhode
Title	Individual Name	Addre	
<u> </u>	First, Middle, Last, Suffix	Address, City or Town, Sta	ite, Zip Code, Country
1			

TREASURER	GLENN STINSON	52 LAKE DR NORTH KINGSTOWN , RI 02852 USA	
SECRETARY	JENNIFER REIS	159 W MAIN ST NORTH KINGSTOWN, RI 02852 USA	
DIRECTOR	KATHY RAPOSA	167 ORCHARD WOODS SAUNDERSTOWN, RI 02874 USA	
DIRECTOR	KATHRYN D'OVIDIO	238 GREENWOOD AVE WARWICK, RI 02886 USA	
DIRECTOR	STEFANIE KARAMBELAS	75 LAUREL WOOD DRIVE EAST GREENWICH, RI 02818 USA	
DIRECTOR	AUTUMN OCZKOWSKI	203 ORCHARD WOODS SAUNDERSTOWN, RI 02874 USA	
DIRECTOR	STACY HURLEY	65 GILLIAN AVE WARWICK, RI 02886 USA	
DIRECTOR	JAIME LAPORTE	162 DANIEL DR NORTH KINGSTOWN, RI 02852 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

JENNIFER REIS 1239 TOWER HILL ROAD NORTH KINGSTOWN , RI 02852

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

Signed this 6 Day of February, 2024 at 3:00:19 PM 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 JENNIFER REIS

Signature of Authorized Person

Form No. 631 Revised 09/07

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