



State of Rhode Island
Department of State - Business Services Division

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.

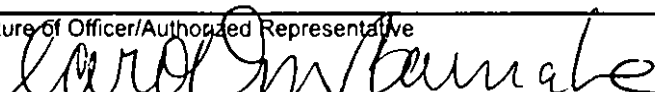
FILED

FEB 23 2024

BY

2024

APR 1

1. Entity ID Number 28070		2. Exact name of the Corporation Greater Woonsocket Catholic Reginal School System			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Operation of a Catholic school Pre-K through Grade 8 with one campus			
4. NAICS Code 611110					
6. Principal Office Address 1210 Mendon Road		City Woonsocket		State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carol Barnabe			Vice-President Name Kenneth Jolicoeur		
Street Address 92 Windsong Road			Street Address 52 Orchard Street		
City Cumberland	State RI	Zip 02864	City Woonsocket	State RI	Zip 02895
Secretary Name Diane Landry			Treasurer Name Suzanne Miranda		
Street Address 14 Spring Water Drive			Street Address 1313 Douglas Tpke.		
City Woonsocket	State RI	Zip 02895	City Harrisville	State RI	Zip 02830
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 Sandra Pingitore			Director Name Carol Lafond		
Street Address 107 Ledgewood Lane			Street Address 140 Hamilton Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name Donna VanReysen			Director Name Daniel Gendron		
Street Address 168 Jenckes Street			Street Address 87 Arland Ct.		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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 Carol Barnabe, President				Date 2/9/24	
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