

**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.** 000517498**2. Name of Corporation** The Center For Better Schools**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

923110**4. Principal Office Address**No. and Street: 11B BRIDGE STREETCity or Town: NEWPORTState: RI Zip: 02840 Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**TO RESEARCH AND DEVELOP BETTER METHODS OF DELIVERING HIGH QUALITY
EDUCATION TO ALL K-12 STUDENTS IN AMERICA**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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	ANTHONY KLEMMER	22 CHERRY ST NEWPORT, RI 02840 USA
DIRECTOR	ANTHONY KLEMMER	22 CHERRY ST NEWPORT, RI 02840 USA
DIRECTOR	MARK BEAUDOUIN	60 GREENWOOD AVENUE SHERBORN, MA 01760 USA
DIRECTOR	ROBERT WALKINGSHAW	ONE CHARLES RIVER COURT WELLESLEY, MA 02842 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

ANTHONY KLEMMER 11A BRIDGE STREET NEWPORT , RI 02840

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

Signed this 27 Day of February, 2024 at 7:55:21 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 NICHOLA PIPER
Signature of Authorized Person

Form No. 631
Revised 09/07

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