



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

MAR 18 2024

BY *[Signature]*

1. Entity ID Number 31280		2. Exact name of the Corporation Cumberland School Volunteers, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Cumberland School Volunteers' mission is to support and promote volunteerism in the Cumberland Public Schools. It sponsors two programs at this time: Fundamental (RIF) and Just Friends - More Alike than Different			
4. NAICS Code 611110 - Elementary and Secondary Education ☐					
6. Principal Office Address 2602 Mendon Rd.		City 2602 Mendon Rd.	State RI	Zip 02864	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jennifer Fisher			Vice-President Name Lynne Jordon		
Street Address 4 Woodcrest Dr.			Street Address 28 Clover St.		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Paula Provoyeur			Treasurer Name Kath Steinke		
Street Address 320 Abbott Run Valley Rd.			Street Address 94 Sand Hill Dr.		
City Cumberland	State RI	Zip 02864	City Durham	State ME	Zip 04222
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Kim Smolan			Director Name Sabrine Garant		
Street Address 1 Shelter Lane			Street Address 200 Manville Hill Rd. #21		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Mary Juntunen			Director Name Stephanie Zerva		
Street Address 14 Geddes Farm Lane			Street Address 20 Farm Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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 Kath Steinke				Date 3/12/24	
Signature of Officer/Authorized Representative <i>Kath Steinke</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 631 - Revised: 2/2023