



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

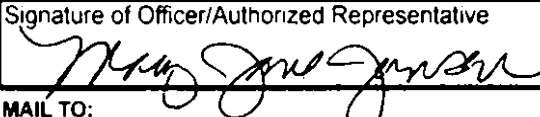
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 25 2024

BY 1018

1. Entity ID Number 001313322		2. Exact name of the Corporation Charter School Facility Assistants			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide Assistance to Charter School Organizations			
4. NAICS Code 611110					
6. Principal Office Address 1315 High Hawk Road		City East Greenwich		State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin W. Jansen			Vice-President Name Mary Jane Jansen		
Street Address 1315 High Hawk Road			Street Address 1315 High Hawk Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Kevin W. Jansen			Treasurer Name Mary Jane Jansen		
Street Address 1315 High Hawk Road			Street Address 1315 High Hawk Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph Augustine			Director Name Barbara Metcalf		
Street Address 74 Highridge Road			Street Address 143 Friendly Drive		
City Bellingham	State MA	Zip 02019	City 1315 High Hawk Roa	State RI	Zip 02818
Director Name Christopher Brian Metcalf			Director Name		
Street Address 143 Friendly Drive			Street Address		
City 1315 High Hawk Roa	State RI	Zip 02818	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Mary Jane Jansen				Date 4/23/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov