



**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

**Foreign Non-Profit  
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.** 001737944

**2. Name of Corporation** Friends of Excel Academy Charter Schools, Inc.

**3. State of Incorporation**

State: MA

**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

611110

**4. Principal Office Address**

No. and Street: 58 MOORE STREET

City or Town: EAST BOSTON

State: MA

Zip: 02128

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO RAISE FUNDS AND SUPPORT THE FUNCTIONS

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	SETH REYNOLDS	141 GUN HILL STREET MILTON, MA 02186 USA
TREASURER	MEGAN PREINER	58 OAKDALE AVE WESTON, MA 02493 US
CLERK	DJ CASS	776 BAY ROAD SOUTH HAMILTON, MA 01982 US
DIRECTOR	SHIRLEY VERONICA CARDONA	127 TEN HILLS ROAD SOMERVILLE, MA 02145 US
DIRECTOR	CHRISTOPHER SATTI	42 HAZARD AVE PROVIDENCE, RI 02906 US
DIRECTOR	TIMOTHY WELLER	PO BOX 425014 CAMBRIDGE, MA 02142 US

**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**

BARTON GILMAN LLP ONE FINANCIAL PLAZA, 18TH FLOOR PROVIDENCE , RI 02903

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

**Signed this 30 Day of April, 2024 at 9:58:28 AM 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 DJ CASS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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