



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. 001723162

2. Name of Corporation Cumberland moms club

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

624110

4. Principal Office Address

No. and Street: 15 HIGHLAND AVE

City or Town: LINCOLN

State: RI

Zip: 02865

Country: USA

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

A GROUP FOR SUPPORT FOR STAY AT HOME AND WORKING MOTHERS. AS WELL AS SOCIALIZATION FOR OUR CHILDREN.

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	APRIL MARDENLY	15 HIGHLAND AVE LINCOLN , RI 02865 USA
TREASURER	EMILY CAMPARONE	55 VISCOUNT RD LONGMEADOW, MA 01106 USA
DIRECTOR	LAUREN WINDSOR	1 LAUREL LANE CUMBERLAND, RI 02864 USA
DIRECTOR	BROOKE DEPOT	59 SULYMA ST CUMBERLAND, RI 02864 USA
DIRECTOR	APRIL MARDENLY	15 HIGHLAND AVE LINCOLN , RI 02865 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**

APRIL DO 3437 MENDON ROAD CUMBERLAND , RI 02864

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

**Signed this 4 Day of May, 2024 at 8:03:13 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 APRIL MARDENLY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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