



State of Rhode Island
Department of State - Business Services Division

MAY 20 2024
498

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.

1. Entity ID Number <u>000068857</u>	2. Exact name of the Corporation <u>Independent Cumberland School Employees</u>
3. State of Incorporation <u>Rhode Island</u>	5. Brief description of the character of business conducted in Rhode Island <u>To develop & improve working conditions for Independent Cumberland School Employees TITLE: 7-6</u>
4. NAICS Code <u>813910</u>	

6. Principal Office Address <u>445 Log Road</u>	City <u>Harrisville</u>	State <u>RI</u>	Zip <u>02830</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Kelli McPherson</u>			Vice-President Name <u>Terri Simao</u>		
Street Address <u>445 Log Road</u>			Street Address <u>1 Aurora Drive</u>		
City <u>Harrisville</u>	State <u>RI</u>	Zip <u>02830</u>	City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02804</u>
Secretary Name <u>Beth Kelley</u>			Treasurer Name <u>Kathleen Scanlon</u>		
Street Address <u>44 Bonnie Brook Drive</u>			Street Address <u>18 Anawan Rd</u>		
City <u>Cumberland</u>	State	Zip	City <u>N. Attleboro</u>	State <u>MA</u>	Zip <u>02760</u>

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name <u>Richard Figueiredo</u>			Director Name <u>Catherine Kuklo</u>		
Street Address <u>17 Amanda Drive</u>			Street Address <u>4 Homer Court</u>		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02804</u>	City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02804</u>
Director Name <u>Aleasha Perry</u>			Director Name <u>Jody Sauvageau</u>		
Street Address <u>46 middle St.</u>			Street Address <u>8 America St</u>		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>

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 <u>Kathleen Scanlon</u>	Date <u>5/15/2024</u>
Signature of Officer/Authorized Representative <u>Kathleen Scanlon</u>	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov



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President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <i>Elaine Beaudoin</i>			Director Name <i>Barbara Brunelle</i>		
Street Address <i>36 Circuit Drive</i>			Street Address <i>147 Grove Street</i>		
City <i>Cumberland</i>	State <i>RI</i>	Zip	City <i>Lincoln</i>	State <i>RI</i>	Zip <i>02865</i>
Director Name <i>Christine Cruise</i>			Director Name		
Street Address <i>20 Teakwood Drive</i>			Street Address		
City <i>Cumberland</i>	State <i>RI</i>	Zip <i>02864</i>	City	State	Zip
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