



**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. 000028647

2. Name of Corporation MONTESSORI CHILDRENS HOUSE, INC.

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
611110

4. Principal Office Address

No. and Street: 518 LLOYD AVENUE
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

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

NURSERY SCHOOL

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	TYANNA BUIE	25 HOLDEN ST UNIT 2412 PROVIDENCE, RI 02908 USA
TREASURER	KAREN DEINZER	3 PENDLETON PLACE NARRAGANSETT, RI 02882 USA
SECRETARY	SCOTT OBRIEN	28 SUMMIT ST BOSTON, MA 02136 USA
DIRECTOR	LISA BERRY BARBOSA	163 WINTERBERRY RD SAUNDERSTOWN, RI 02874 USA
DIRECTOR	TYANNA BUIE	25 HOLDEN ST UNIT 2412 PROVIDENCE, RI 02908 USA
DIRECTOR	MARTHA TEIEN	P O BOX 5216 GYPSUM, CO 81637 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

JULIE E. MCKENNA ALAVIAN, ESQ. 946 CENTERVILLE ROAD WARWICK , RI 02886

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

Signed this 24 Day of May, 2024 at 9:51:03 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 JULIE E. MCKENNA ALAVIAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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