



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. 001693983

2. Name of Corporation Orchid Montessori School

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

624410

4. Principal Office Address

No. and Street: 245 LEGRIS AVENUE

City or Town: WEST WARWICK

State: RI

Zip: 02893

Country: USA

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

THIS CORPORATION IS ORGANIZED AND SHALL BE OPERATED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTIONS 170(C)(2), 501(C)(3), 2055(A) AND 2522(A) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE "CODE"). WITHIN THE FRAMEWORK AND LIMITATIONS OF THE FOREGOING, THE SPECIFIC PRIMARY PURPOSE OF THIS CORPORATION IS TO OPERATE A MONTESSORI SCHOOL CONSISTENT WITH THE DESIGN PRINCIPLES OF THE WILDFLOWER FOUNDATION, A MINNESOTA NONPROFIT CORPORATION DESCRIBED IN SECTION 501(C)(3) OF

THE CODE DEDICATED TO CREATING SPACES FOR LEARNING THAT SUPPORT CHILDREN, PARENTS AND TEACHERS ON THEIR UNFOLDING JOURNEY TOWARD FULFILLING THEIR POTENTIAL.

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
PRESIDENT	KATHLEEN RODRIGUES	26 THOMAS AVENUE ATTLEBORO, MA 02703 USA
SECRETARY	KARINA FAGAN	91 MODENA AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	LINDSAY PERINI	41 CREST FIELD LANE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	STEPHANIE IZZI	42 BAY STATE ROAD, FLOOR 1 REHOBOTH, MA 02703 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

STEPHANIE IZZI 877 BROADWAY EAST PROVIDENCE , RI 02914

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

Signed this 19 Day of June, 2024 at 10:53:03 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 KATHLEEN RODRIGUES
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved