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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024 Attended
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 73369		2. Exact name of the Corporation INDEPENDENT SCHOOLS ASSOCIATION OF RI	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO ENSURE HIGH QUALITY EDUCATIONAL EXPERIENCE FOR STUDENTS AT MEMBER SCHOOLS	
4. NAICS Code 611110			
6. Principal Office Address 324 CORYS LANE		City PORTSMOUTH	State RI
		Zip 02871	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name BRIAN CORDEIRO		Vice President Name DAVID TINGERO	
Street Address 324 CORUS LANE PORTSMOUTH		Street Address 63 FEDERAL RD	
City PORTSMOUTH	State RI	City BARRINGTON	State RI
Zip 02871		Zip 02806	
Secretary Name SOPHIE GLENN LAU		Treasurer Name KEVIN FOLAN	
Street Address 301 BUTLER AVE		Street Address 660 WATERMAN AVE	
City PROV.	State RI	City E. PROV	State RI
Zip 02906		Zip 02914	
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 ANNA JOHNSON		Director Name KATHERINE BOWEN	
Street Address 215 FERRIS AVE		Street Address 1150 BOSTON NECK RI	
City RUMFORD	State RI	City NARRAGANSETT	State RI
Zip 02916		Zip 02882	
Director Name BENEDICTE BROWDER		Director Name	
Street Address 25 JOHN STREET		Street Address	
City PROV	State RI	City	State
Zip 02906		Zip	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative BRIAN CORDEIRO			Date 6/21/24
Signature of Officer/Authorized Representative 			

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

FILED 1020

JUN 21 2024
BY TRSXH



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

June 21, 2024 10:26 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

