



State of Rhode Island
Department of State - Business Services Division

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2024 JUN 27 PM 1:46

1. Entity ID Number 001707823		2. Exact name of the Corporation Trailside Day Care, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Child care for infants through pre-k.			
4. NAICS Code 624410					
6. Principal Office Address 120 Wampanoag Trail			City East Providence	State RI	Zip 02915
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Chris Thompson			Vice-President Name Karen Medeiros		
Street Address 120 Wampanoag Trail			Street Address 120 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Secretary Name Katherine Paquette			Treasurer Name Amanda Amaral		
Street Address 120 Wampanoag Trail			Street Address 120 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
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 Christine Bennett			Director Name Jennifer Wright		
Street Address 120 Wampanoag Trail			Street Address 120 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Director Name Ashley Laughlin			Director Name None		
Street Address 120 Wampanoag Trail			Street Address		
City East Providence	State RI	Zip 02915	City	State	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 Chris Thompson				Date 6/18/2024	
Signature of Officer/Authorized Representative 					

FILED

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

JUN 27 2024

BY mkp26
AC

FORM 631- Revised: 12/2023