



State of Rhode Island

Department of State - Business Services Division

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 SECRETARY OF  
 CORPORATION

STAMP

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.

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AM 11:21RECEIVED  
RI DEPT. OF STATE  
BUS. SVCS. DIV.

1. Entity ID Number <b>001676072</b>		2. Exact name of the Corporation <b>SEA ROSE MONTESSORI CO-OP SCHOOL</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>EDUCATIONAL PURPOSES</b>			
4. NAICS Code <b>611110</b>					
6. Principal Office Address <b>324 EAST MAIN RD</b>			City <b>PORTSMOUTH</b>		State <b>RI</b> Zip <b>02871</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>SUZANNE MCDONALD</b>			Vice-President Name		
Street Address <b>8 JACKSON COURT</b>			Street Address		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
Secretary Name <b>ERIN SULLIVAN</b>			Treasurer Name <b>ANNE DEVANEY</b>		
Street Address <b>91 TROUT DR</b>			Street Address <b>12 LAWTON BROOK LANE</b>		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>SUZANNE MCDONALD</b>			Director Name <b>ANNE DEVANEY</b>		
Street Address <b>8 JACKSON CT</b>			Street Address <b>12 LAWTON BROOK LN</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
Director Name <b>ERIN SULLIVAN</b>			Director Name		
Street Address <b>91 TROUT DR.</b>			Street Address		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>ANNE DEVANEY</b>					Date <b>11/04/2024</b>
Signature of Officer/Authorized Representative <i>Anne C. Devaney</i>					<b>FILED</b> 12:00 NOV 25 2024

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY REGS

FORM 631- Revised: 12/2023