



**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 2025: 2025

1. Corporate ID No. 000119765

2. Name of Corporation The Paul Cuffee 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

611110

4. Principal Office Address

No. and Street: 459 PROMENADE STREET

City or Town: PROVIDENCE

State: RI Zip: 02908 Country: USA

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

TO INCREASE THE DIVERSITY OF STUDENTS PURSUING SCIENTIFIC AND TECHNICAL CAREERS THROUGH HIGH QUALITY ACADEMIC AND MARITIME TRAINING IN KINDERGARTEN THRU 12TH GRADE PROGRAM FOR STUDENTS FROM PROVIDENCE, RI.

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	KEVIN BRIGGS	335 WOODBINE STREET CRANSTON, RI 02910 USA
TREASURER	BABAK TALEGHANI	PO BOX 603333 PROVIDENCE, RI 02906 USA
VICE PRESIDENT	CARRIE BRIDGES-FELIZ	228 ATLANTIC AVENUE PROVIDENCE, RI 02907 USA
DIRECTOR	NADIA GABRIEL	162 DORA STREET PROVIDENCE, RI 02909 USA
DIRECTOR	MARK WINSLOW	7 JACKSON WAY PROVIDENCE, RI 02903 USA
DIRECTOR	RENEE REIS	30 BARTON STREET PROVIDENCE, RI 02909 USA
DIRECTOR	LAURA SNYDER	6 ANDERSON DRIVE BARRINGTON, RI 02806 USA
DIRECTOR	BRANDFORD DAVIS	223 WALDO STREET PROVIDENCE, RI 02909 USA
DIRECTOR	SU ALMEIDA	120 BLUE HILLS PARKWAY MILTON, MA 02186 USA
DIRECTOR	KEVIN BRIGGS	335 WOODBINE STREET CRANSTON, RI 02910 USA
DIRECTOR	BERENICE BETANCUR	36 SHEPARD AVENUE PROVIDENCE, RI 02904 USA
DIRECTOR	ANDREA LAHLUM	459 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	BRIAN CUFFEE GAGNON	7 MATTESON AVENUE WEST WARWICK, RI 02883 USA
DIRECTOR	KERRY CAPARCO	544 ELMWOOD AVENUE PROVIDENCE, RI 02907 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**

CHRISTOPHER J. HASKINS 459 PROMENADE STREET PROVIDENCE , RI 02908

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

Signed this 18 Day of February, 2025 at 12:17:04 PM 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 MARIA PALMGREN

Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved