



**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. 000027970

2. Name of Corporation THE GORDON 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: 45 MAXFIELD AVENUE

City or Town: EAST PROVIDENCE State: RI Zip: 02914 Country: USA

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

THE GORDON SCHOOL IS A CO-EDUCATIONAL INSTITUTION WITH GRADES PRESCHOOL TO EIGHTH.

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	SEAN ZIERAK	29 APPLE TREE LANE BARRINGTON, RI 02806 USA
CHAIR	DAMIAN EWENS	205 WENTWORTH AVENUE CRANSTON, RI 02905 USA
VICE CHAIR	ALEXIS THOMPSON	85 IRVING AVENUE PROVIDENCE, RI 02906 USA
VICE CHAIR	BESENIA RODRIGUEZ	55 VARNUM DRIVE EAST GREENWICH, RI 02818 USA
VICE CHAIR	RACHEL CALDWELL	15 WESTFORD ROAD PROVIDENCE, RI 02906 USA
SECRETARY	ISAIAH OSOFISAN	83 LONG MEADOW RD PORTSMOUTH, RI 02871 USA
DIRECTOR	TANYA BOOKER	181 SESSIONS STREET PROVIDENCE, RI 02906 USA
DIRECTOR	JACKIE DELAMATRE	32 GLENDALE AVE PROVIDENCE, RI 02906 U
DIRECTOR	EUGENE JOHNSON	86 ABBOTT RUN VALLEY ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	TED LIVINGSTON	45 MAXFIELD AVENUE EAST PROVIDENCE, RI, RI 02914 USA
DIRECTOR	FRANK PREVITI	107 BOLTON AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	JOSHUA WYNN	66 RAVENSWOOD AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	REBECCA GARFIELD	55 COOKE STREET PAWTUCKET, RI 02860 USA
DIRECTOR	SARA CHACE COTTER	16 FREEMAN PARKWAY PROVIDENCE, RI 02906 USA
DIRECTOR	NICOLE ARCHIBALD	2 ALFRED DRIVE BARRINGTON, RI 02806 USA
DIRECTOR	HARMONY BODURTHA	6 KEY WEST BLVD REHOBOTH, MA 02769 USA
DIRECTOR	RYAN MITCHNER	79 VINCENT WAY CRANSTON, RI 02921 USA
DIRECTOR	PREMA OBRIEN	21 CRESTON WAY PROVIDENCE, RI 02906 USA
DIRECTOR	JENNIFER SHERER	43 POJAC POINT ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	TED TRAFTON	2 COPPER KETTLE LANE BARRINGTON, RI 02806 USA
DIRECTOR	KATIE SKLAR	49 BENEFIT STREET PROVIDENCE, RI 02904 USA
DIRECTOR	CHRISTOPHER KAHLER	230 HILLSIDE AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	KARAN TAKHAR	50 LIBERTY DRIVE APT#9L BOSTON, MA 02210-1298 USA

DIRECTOR

KRYSTLE TADESSE

6 WHITMAN WAY
LINCOLN, RI 02865 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**

THOMAS J. CICATIELLO 45 MAXFIELD AVENUE 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 21 Day of March, 2025 at 1:40:42 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 THOMAS CICATIELLO
Signature of Authorized Person

Form No. 631
Revised 09/07

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