

# 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**: <u>2025</u>

- 1. Corporate ID No. <u>000030261</u>
- 2. Name of Corporation Roger Williams Day Care Center, Inc.
- 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 <u>click here.</u>

**NAICS** Code

624410

#### 4. Principal Office Address

No. and Street: 64 APPLEGATE LANE

City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

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

### DAY CARE CENTER FOR CHILDREN AGENS 6 WEEKS TO 6 YEARS

### 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   |
|-------|-----------------------------|---|
|       | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

| DDECIDENT      | ANTHONIVI CANDEDO OD    |                            |
|----------------|-------------------------|----------------------------|
| PRESIDENT      | ANTHONY L. SANDERS, SR. | 158 LENOX AVENUE           |
|                |                         | PROVIDENCE, RI 02907 USA   |
| TREASURER      | DONNA O'CONNOR          | 15 MIKAYLA DRIVE           |
|                |                         | REHOBOTH, MA 02769 USA     |
| SECRETARY      | SOLANGELA DAVEIGA       | 202 DAVED CT #2            |
|                |                         | 203 BAKER ST, #3           |
|                |                         | PROVIDENCE, RI 02905 US    |
| VICE PRESIDENT | BARBARA KRANK           | 212 SUMTER STREET, APT # 2 |
|                |                         | PROVIDENCE, RI 02907 USA   |
| DIRECTOR       | WENDY L. JOHNSON        | 34 MILK STREET, APT. 3     |
|                |                         | PROVIDENCE, RI 02905 USA   |
|                |                         | FROVIDENCE, KI 02903 03A   |
| DIRECTOR       | NICOLE CLEMENT          | 918 HOPE STREET            |
|                |                         | PROVIDENCE, RI 02906 USA   |
| DIRECTOR       | JOSEPH BUCHANAN         | 102 LINWOOD AVE, APT101    |
|                |                         | PROVIDENCE, RI 02909 USA   |
|                |                         | TROVIDENCE, IN OLOGO CON   |
| DIRECTOR       | MATTHEW BUCHANAN        | 145 SMITH STREET           |
|                |                         | CRANSTON, RI 02905 USA     |
| DIRECTOR       | REUBEN TILLMAN III      | 8 ESTEN STREET             |
|                |                         | PROVIDENCE, RI 02908 US    |
|                |                         | FIGUIDLINGE, RI 02900 03   |
| DIRECTOR       | JENNIFER SANTOS         | 64 APPLEGATE LANE          |
|                |                         | PROVIDENCE, RI 02905 US    |

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

PHYLLIS H. EVANS 64 APPLEGATE LANE P.O. BOX 2089 PROVIDENCE, RI 02905

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 April, 2025 at 3:47:20 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 SUSAN D GIBBS

Signature of Authorized Person

Form No. 631 Revised 09/07

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