RI SOS Filing Number: 202571459340 Date: 4/27/2025 2:42:00 PM



## 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. 000508701
- 2. Name of Corporation Rhode Island Mayoral Academy (sm) Blackstone Valley
- 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

<u>611110</u>

4. Principal Office Address

No. and Street: 310 BROAD STREET

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

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

## **EXCLUSIVELY FOR EDUCATIONAL PURPOSES**

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 |

| TREASURER           | CHRISTINE LOSEA   | 7 FATIMA DRIVE<br>CUMBERLAND , RI 02864 USA                |
|---------------------|-------------------|------------------------------------------------------------|
| SECRETARY           | BETH DOWD         | 7 FATIMA DRIVE<br>CUMBERLAND, RI 02864 USA                 |
| CEO                 | SARAH ANDERSON    | 310 BROAD STREET<br>CUMBERLAND, RI 02864 USA               |
| ASSISTANT SECRETARY | MICHAEL DEMATTEO  | 7 FATIMA DRIVE<br>CUMBERLAND, RI 02864 USA                 |
| DIRECTOR            | DIO GARCIA        | 26 CEDARBROOK ROAD<br>PAWTUCKET, RI 02861 USA              |
| DIRECTOR            | JEFFREY J. MUTTER | 45 BROAD STREET<br>CUMBERLAND, RI 02864 USA                |
| DIRECTOR            | T. JOSEPH ALMOND  | 100 OLD RIVER ROAD<br>LINCOLN, RI 02865 USA                |
| DIRECTOR            | JOHN MORTON       | 174 ARMISTICE BOULEVARD<br>PAWTUCKET , RI 02860 USA        |
| DIRECTOR            | JOY SOUZA         | 310 BROAD STREET<br>CUMBERLAND, RI 02864 USA               |
| DIRECTOR            | MARIA RIVERA      | 324 HUNT STREET<br>CENTRAL FALLS, RI 02863 USA             |
| DIRECTOR            | JESSICA WATERS    | 160 WESTMINSTER ST., SUITE 202<br>PROVIDENCE, RI 02903 USA |
| DIRECTOR            | BRADLEY COLLINS   | 310 BROAD STREET<br>CUMBERLAND , RI 02864 USA              |
| DIRECTOR            | LINDSAY KIZEKAI   | 310 BROAD STREET<br>CUMBERLAND , RI 02864 USA              |
| DIRECTOR            | LAURA STACK       | 5 EXCHANGE STREET<br>PROVIDENCE, RI 02903 USA              |
| DIRECTOR            | TALIA MARK        | 910 DOUGLAS PIKE<br>SMITHFIELD, RI 02917 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

SARAH ANDERSON 310 BROAD STREET CUMBERLAND, RI 02864

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

Signed this 27 Day of April, 2025 at 2:44:23 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 <u>STEPHEN IZZI</u> Signature of Authorized Person

| Form No. 631<br>Revised 09/07                              |  |
|------------------------------------------------------------|--|
| © 2007 - 2025 State of Rhode Island<br>All Rights Reserved |  |