



**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. 000792214

2. Name of Corporation West Side Montessori

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

624410

4. Principal Office Address

No. and Street: 73 STANWOOD STREET

City or Town: PROVIDENCE

State: RI

Zip: 02907

Country: USA

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

TO PROVIDE QUALITY EARLY EDUCATIONAL OPPORTUNITIES USING MONTESSORI PHILOSOPHY, CORE VALUES, AND PEDAGOGY TO INFORM ALL INSTRUCTION, ACTIVITIES, STAFF ENGAGEMENTS, PARENT ENGAGEMENTS AND WORKSHOPS, COMMUNITY PARTNERSHIPS AND LEADERSHIP.

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	EUDAD GONZALEZ	24 EMERSON ST PEABODY, MA 09160 USA
SECRETARY	JESSIE KERR-VANDERSLICE	102 LYNDON RD CRANSTON, RI 02905 USA
CO-CHAIR/ INTERIM EXECUTIVE DIRECTOR	CARLON HOWARD	66 RAVENSWOOD AVE PROVIDENCE, RI 02908 USA
DIRECTOR	JOSE RAMIREZ	165 NEW YORK AVE PROVIDENCE, RI 02905 USA
DIRECTOR	SAM ADAMS	194 ADELAIDE AVE. PROVIDENCE, RI 02907 USA
DIRECTOR	MISTY DELGADO	56 MORGAN AVE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	KIM KHUU DOOLEY	18 ANAMA AVE RUMFORD, RI 02916 USA
DIRECTOR	GWENDOLYN RANADA	69 ABBOTT ST PROVIDENCE, RI 02906 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**

SABRINA URIBE 73 STANWOOD STREET PROVIDENCE , RI 02907

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

Signed this 1 Day of May, 2025 at 11:50:15 AM 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 ANNE BAHR
Signature of Authorized Person

Form No. 631
Revised 09/07