



**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.** 000083031

**2. Name of Corporation** WEST GLOCESTER ELEMENTARY SCHOOL COMMUNITY ORGANIZATION

**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

813410

**4. Principal Office Address**

No. and Street: 111 REYNOLDS ROAD

City or Town: CHEPACHET

State: RI Zip: 02814 Country: USA

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

EDUCATORS, PARENTS AND COMMUNITY VOLUNTEERS SUCH UNITED EFFORTS AS WILL SECURE EVERY CHILD THE HIGHEST EDUCATION ADVANTAGES IN ACADEMIC, EMOTIONAL AND SOCIAL GROWTH.

**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
SECRETARY	AMY SAYLES	1521 PUTNAM PIKE CHEPACHET, RI 02814 USA
DIRECTOR	HAYLEY BACCAIRE	780 DURFEE HILL RD CHEPACHET, RI 02814 USA
DIRECTOR	ERICA ROBICHAUD	206 PRAY HILL RD CHEPACHET , RI 02814 USA
DIRECTOR	ABBY ARICO	133 OLNEY KEACH RD CHEPACHET, RI 02814 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**

DR. LORRAINE BOWEN 111 REYNOLDS ROAD CHEPACHET , RI 02814

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

**Signed this 5 Day of May, 2025 at 7:02:48 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 HAYLEY BACCAIRE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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