RI SOS Filing Number: 202573392230 Date: 5/19/2025 4:00:00 PM



## State of Rhode Island

## Department of State - Business Services Division

ET BELL

Annual Report for the year: **Non-Profit Corporation** 

COSPICOS STATE BUG SYOS BLV

→ Filing period: February 1 - May 1

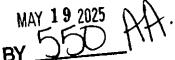
→ Filing Fee. \$20,00 → Penalty: Additional \$25,00 fee if	form is not filed by	May 31.	2. MY 10 E	) <u> </u>	_			
1. Entity ID Number	2. Exact name of the Corporation							
0000 68857	Independent Cumburland School Enuployees							
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island							
Ahode Island	To develope: improve working conditions for							
4. NAICS Code	Independent Cumberland School Employees.							
813910	Title: 7-6							
6. Principal Office Address			City	State	Zip			
445 Log Road			Hamsville	RI	02830			
7. List ALL officers (names and addresses)			Check the box to indicate an attachment					
President Name McPherson			Vice-President Name Terri Simao					
Street Address 445 Log Road			Street Address Aurora Drive.					
City Hurrisville Secretary Name	State R/	2ip 02830	City Cumbuland	State R	Zip 02864			
Secretary Namo Beth Kelley			Treasure Name Cruise					
Street Address 44 Bonnie Brook Brive			Street Address 20 Teak wood brive.					
city Cumbuland	State RI	zi82864	Ciny Cumberland	State R 1	02864			
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.  Check the box to indicate an attachment								
Director Name Kichard Figuerredo			DirectorName Kuklo					
Street Address 17 Amanda Drive			Street Address Homer Court					
Cumberland	State R1	Zip 62864	CityCumberland	State	<sup>2</sup> 02864			
Director Name Heasha Rerry			Director Name Sauvageau					
Street Address Middle St.			Street Address America St					
city Cumberland	State R I	Zip 02864	Clumberland	State R I	20256 F			
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.								
Under penalty of perjury, I declar statements, and that all statemen			this report, including any accomp correct.	anying schedule:	s and			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.								
Name of Office Authorized Representative . Christine A. Cruse 5/13/202								
Signatute of Officer/Authorized Rep	FILED							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



8. List ALL directors (names	and addresses), RI C	Corporations MUST I	ist at least THREE directors. Chec	ck the box to indicate	an attachment	
Director Nambara Brunelle Street Address Grove St.			Street Address 36 Circut Drive			
Director Name			Director Name	<del></del>		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
<del></del>			<u> </u>	- 2	*/	