



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|                                                                                                                                                                                                                               |                    |                                                                                                                                                                                     |                                            |                    |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------|--------------------------|
| 1. Entity ID Number<br><u>000068857</u>                                                                                                                                                                                       |                    | 2. Exact name of the Corporation<br><u>Independent Cumberland School Employees</u>                                                                                                  |                                            |                    |                          |
| 3. State of Incorporation<br><u>Rhode Island</u>                                                                                                                                                                              |                    | 5. Brief description of the character of business conducted in Rhode Island<br><u>To develop; improve working conditions for Independent Cumberland School Employees Title: 7-6</u> |                                            |                    |                          |
| 4. NAICS Code<br><u>813910</u>                                                                                                                                                                                                |                    |                                                                                                                                                                                     |                                            |                    |                          |
| 6. Principal Office Address<br><u>445 Log Road</u>                                                                                                                                                                            |                    |                                                                                                                                                                                     | City<br><u>Harrisville</u>                 | State<br><u>RI</u> | Zip<br><u>02830</u>      |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                |                    |                                                                                                                                                                                     |                                            |                    |                          |
| President Name<br><u>Kelle McPherson</u>                                                                                                                                                                                      |                    |                                                                                                                                                                                     | Vice-President Name<br><u>Terri Simao</u>  |                    |                          |
| Street Address<br><u>445 Log Road</u>                                                                                                                                                                                         |                    |                                                                                                                                                                                     | Street Address<br><u>1 Aurora Drive</u>    |                    |                          |
| City<br><u>Harrisville</u>                                                                                                                                                                                                    | State<br><u>RI</u> | Zip<br><u>02830</u>                                                                                                                                                                 | City<br><u>Cumberland</u>                  | State<br><u>RI</u> | Zip<br><u>02864</u>      |
| Secretary Name<br><u>Beth Kelley</u>                                                                                                                                                                                          |                    |                                                                                                                                                                                     | Treasurer Name<br><u>Christine Cruise</u>  |                    |                          |
| Street Address<br><u>44 Bonnie Brook Drive</u>                                                                                                                                                                                |                    |                                                                                                                                                                                     | Street Address<br><u>20 Teakwood Drive</u> |                    |                          |
| City<br><u>Cumberland</u>                                                                                                                                                                                                     | State<br><u>RI</u> | Zip<br><u>02864</u>                                                                                                                                                                 | City<br><u>Cumberland</u>                  | State<br><u>RI</u> | Zip<br><u>02864</u>      |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span> |                    |                                                                                                                                                                                     |                                            |                    |                          |
| Director Name<br><u>Richard Figueiredo</u>                                                                                                                                                                                    |                    |                                                                                                                                                                                     | Director Name<br><u>Catherine Kuklo</u>    |                    |                          |
| Street Address<br><u>17 Amanda Drive</u>                                                                                                                                                                                      |                    |                                                                                                                                                                                     | Street Address<br><u>4 Homer Court</u>     |                    |                          |
| City<br><u>Cumberland</u>                                                                                                                                                                                                     | State<br><u>RI</u> | Zip<br><u>02864</u>                                                                                                                                                                 | City<br><u>Cumberland</u>                  | State<br><u>RI</u> | Zip<br><u>02864</u>      |
| Director Name<br><u>Aleasha Perry</u>                                                                                                                                                                                         |                    |                                                                                                                                                                                     | Director Name<br><u>Jody Sauvageau</u>     |                    |                          |
| Street Address<br><u>46 Middle St.</u>                                                                                                                                                                                        |                    |                                                                                                                                                                                     | Street Address<br><u>8 America St</u>      |                    |                          |
| City<br><u>Cumberland</u>                                                                                                                                                                                                     | State<br><u>RI</u> | Zip<br><u>02864</u>                                                                                                                                                                 | City<br><u>Cumberland</u>                  | State<br><u>RI</u> | Zip<br><u>02864</u>      |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.                                                                                                   |                    |                                                                                                                                                                                     |                                            |                    |                          |
| <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>                   |                    |                                                                                                                                                                                     |                                            |                    |                          |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>                                            |                    |                                                                                                                                                                                     |                                            |                    |                          |
| Name of Officer/Authorized Representative<br><u>Charles A. Cruise / Christine A. Cruise</u>                                                                                                                                   |                    |                                                                                                                                                                                     |                                            |                    | Date<br><u>5/13/2025</u> |
| Signature of Officer/Authorized Representative<br><u>Charles A. Cruise</u>                                                                                                                                                    |                    |                                                                                                                                                                                     |                                            |                    |                          |

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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.

Check the box to indicate an attachment ☐

|                                   |             |              |                                    |             |              |
|-----------------------------------|-------------|--------------|------------------------------------|-------------|--------------|
| Director Name<br>Barbara Brunelle |             |              | Director Name<br>Elaine Beaudoin   |             |              |
| Street Address<br>147 Grove St.   |             |              | Street Address<br>36 Circuit Drive |             |              |
| City<br>Lincoln                   | State<br>RI | Zip<br>02865 | City<br>Cumberland                 | State<br>RI | Zip<br>02864 |
| Director Name                     |             |              | Director Name                      |             |              |
| Street Address                    |             |              | Street Address                     |             |              |
| City                              | State       | Zip          | City                               | State       | Zip          |