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	2. Exact name of the Corporation
0000168857	Independent Cumberland School Employees
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To develope & improve working conditions for Independent Cumberland School Employees Title: 7-6
4. NAICS Code: 813910	

6. Principal Office Address	City	State	Zip
445 Log Road	Harrisville	RI	02830

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Kelli McPherson	Terri Simao
Street Address: 445 Log Road	Street Address: 1 Aurora Drive
City: Harrisville, State: RI, Zip: 02830	City: Cumberland, State: RI, Zip: 02864
Secretary Name: Beth Kelley	**Treasurer Name:** Christine Cruise
Street Address: 44 Bonnie Brook Drive	Street Address: 20 Teakwood Drive
City: Cumberland, State: RI, Zip: 02864	City: Cumberland, State: RI, Zip: 02864

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☑

Director Name	Director Name
Richard Figueiredo	Catherine Kuklo
Street Address: 17 Amanda Drive	Street Address: 4 Homer Court
City: Cumberland, State: RI, Zip: 02864	City: Cumberland, State: RI, Zip: 02864
Director Name: Aleasha Berry	**Director Name:** Jody Sauvageau
Street Address: 116 Puddle St.	Street Address: 8 America St
City: Cumberland, State: RI, Zip: 02864	City: Cumberland, State: RI, Zip: 02864

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 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.

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

Name of Officer/Authorized Representative	Date
Christine A. Cruise / Christine A. Cruise	5/13/2025
Signature of Officer/Authorized Representative: Christine A Cruise	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

MAY 19 2025
BY 550 AA.

FORM 631- Revised. 12/2023

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

Check the box to indicate an attachment ☐

Director Name: Barbara Brunelle			Director Name: Elaine Beaudoin		
Street Address: 147 Grove St.			Street Address: 36 Circuit Drive		
City: Lincoln	State: RI	Zip: 02865	City: Cumberland	State: RI	Zip: 02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip