

## State of Rhode Island

## Department of State - Business Services Division

STA WAY

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

RECEIVED 1. DEPT. DE STATE 898 SYOS PIV

→ Filing period: February 1 - May 1

→ Filing Fee. \$20.00

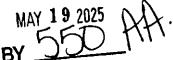
→ Penalty: Additional \$25.00 fee if	form is not filed by	May 31.	2. H. V. 10 E	) <u> </u>					
Entity ID Number	2. Exact name of the Corporation								
0000 68857	Fndependen	t Cumberlan	d School Enudoyees						
3. State of Incorporation	5. Brief description of the character of business conducted in 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			Harrisville	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						
Gerrisville	State R/	02830	City Cumberland	State R	Zip 02864				
Secretary Namo Beth Kelley			Treasure Name Cruise						
Street Address 44 Bonnie Brook Brive			Street Address 20 Teakwood Drive						
city Cumbuland	State RI	zig2864	City Cumberland	State R 1	Zip 864				
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 Richard Figuerredo			Orectonname Catherne Kuklo						
Street Address Amanda Inve			Street Address Homer Court						
Cumberland	State R1	Zip 62864	CityCumberland	State	702864				
Director Name Heasha Remy			Director Name JOAN SAUVAAPAUL						
Street Address Middle St.			Street Address America St						
city Cumberland	State R I	zip 02804	Clumberland	State R 1	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 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 Office Authorized Representative .  (Unisting A. Cruse 5/13/					2025				
Signatute of Officer/Authorized Rep	resentative FILED								
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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



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	*/	