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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

FILED
JUN 02 2025
BY BZB R.I.

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BUS SVCS DIV
2025 JUN -2 P 4:09

1. Entity ID Number	2. Exact name of the Corporation
001676072	Sea Rose Montessori Co-op School

3. Principal Office Address	City	State	Zip
12 Lawton Brook Ln	Portsmouth	RI	02871

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
611110	Educational Purposes
5. State of Incorporation: RI	

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

President Name	Street Address	City	State	Zip
Suzanne McDonald	8 Jackson Ct	Newport	RI	02840

Vice-President Name	Street Address	City	State	Zip
Anne Devaney	12 Lawton Brook Ln.	Portsmouth	RI	02871

Secretary Name	Street Address	City	State	Zip
Erin Sullivan	91 Trout Dr.	Middletown	RI	02842

Treasurer Name	Street Address	City	State	Zip
Anne Devaney	12 Lawton Brook Ln	Portsmouth	RI	02871

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

Director Name	Street Address	City	State	Zip
SAME AS ABOVE - no other bd members				

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative	Date
Anne C Devaney	5/29/2025

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised. 12/2023