



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001735260

2. Name of Corporation Providence Classical Academy

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813410

4. Principal Office Address

No. and Street: 105 ADELAIDE AVENUE

City or Town: NORTH PROVIDENCE

State: RI

Zip: 02911

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY, OR EDUCATIONAL PURPOSES. MORE SPECIFICALLY, THE CORPORATION IS ORGANIZED TO TRAIN STUDENTS TO LIVE AND THINK ACCORDING TO A BIBLICAL, CHRIST-CENTERED WORLDVIEW, BY PROVIDING A RIGOROUS, CLASSICAL EDUCATION THAT INSTILLS A LIFELONG LOVE OF LEARNING. THE CORPORATION SHALL BE OPERATED EXCLUSIVELY FOR SUCH PURPOSES, AND THE CORPORATION PLEDGES ALL OF ITS ASSETS FOR USE IN PERFORMING SUCH PURPOSES. NO PART OF THE CORPORATION'S NET EARNINGS

SHALL INURE TO THE BENEFIT OF, OR BE DISTRIBUTABLE TO, ANY DIRECTOR, OFFICER OR OTHER PRIVATE PERSON, EXCEPT THAT THE CORPORATION SHALL BE AUTHORIZED AND EMPOWERED TO PAY REASONABLE COMPENSATION FOR SERVICES RENDERED AND TO MAKE PAYMENTS AND DISTRIBUTIONS IN FURTHERANCE OF SUCH PURPOSES.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JARROD LYNN	119 LEDGE ROAD SEEKONK, MA 02771 USA
TREASURER	JONATHAN CROSSMAN	135 ARDMORE AVENUE PROVIDENCE, RI 02908 USA
SECRETARY	JACOB MICHAEL VAN SICKLE	105 ADELAIDE AVENUE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	JARROD LYNN	119 LEDGE ROAD SEEKONK, RI 02771 USA
DIRECTOR	JONATHAN CROSSMAN	135 ARDMORE AVENUE PROVIDENCE , RI 02908 USA
DIRECTOR	JACOB MICHAEL VAN SICKLE	105 ADELAIDE AVENUE NORTH PROVIDENCE, RI 02911 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JACOB VAN SICKLE 30 OSBORN STREET PROVIDENCE , RI 02908

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

Signed this 1 Day of July, 2025 at 1:21:30 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By JACOB VAN SICKLE
Signature of Authorized Person

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