



**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: 2023

1. Corporate ID No. 000568108

2. Name of Corporation Rhode Island Nurses Institute Middle College Charter High School

3. State of Incorporation

State: RI

ARTICLE III

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
611110

4. Principal Office Address

No. and Street: 150 WASHINGTON STREET, 4TH FLOOR

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

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

TO ORGANIZE OPERATE AND PROMOTE EDUCATIONAL INSTITUTE

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
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TREASURER	LARA LASKOWSKI	7 LONGUE VUE AVENUE NORTH PROVIDENCE, RI 02904 USA
SECRETARY	LORI JOHNSON	89 COBBLESTONE TERRACE CRANSTON, RI 02921 USA
CHAIR	ANGELA PATTERSON	200 EXCHANGE STREET UNIT 1413 PROVIDENCE, RI 02903 USA
DIRECTOR	LINDA MENDONCA	42 COLE AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	MARIA DUCHARME	22 STONE TOWER LANE BARRINGTON, RI 02806 USA
DIRECTOR	DENISE RONCARATI	43 FOLLETT STREET CUMBERLAND, RI 02864 USA
DIRECTOR	CHRISTINA LEWIS	189 PARK AVENUE UNIT 1 WARWICK, RI 02889 USA
DIRECTOR	MARGARET M WEBB	13 FOX RIDGE DRIVE WYOMING, RI 02898 USA
DIRECTOR	JOEL TAVAREZ	200 BRAYTON AVENUE CRANSTON, RI 02920 USA
DIRECTOR	XAVIER BROOKS	243 SMITHFIELD RD NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	MARY LEVEILLEE	35 DEERFIELD DRIVE EAST GREENWICH, RI 02818 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**

MATTHEW R. PLAIN, ESQ. ONE FINANCIAL PLAZA, 18TH FLOOR PROVIDENCE , RI 02903

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

Signed this 5 Day of April, 2023 at 8:56:00 AM 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 PAMELA L MCCUE
Signature of Authorized Person

Form No. 631
Revised 09/07