



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2023

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.

2023 JUN 30 P 2:02

1. Entity ID Number 000028546		2. Exact name of the Corporation ST. ANDREW'S SCHOOL			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island EDUCATIONAL INSTITUTE-SERVING GRADES K-12			
4. NAICS Code 611110					
6. Principal Office Address 63 FEDERAL ROAD			City BARRINGTON	State RI	Zip 02806
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name ANTON P. GIEDT			Vice-President Name BENJAMIN C. WHITE		
Street Address 39 CHACE AVENUE			Street Address 1100 BULLOCKS POINT AVENUE		
City PROVIDENCE	State RI	Zip 02906	City RIVERSIDE	State RI	Zip 02915
Secretary Name ERIC B. MACK			Treasurer Name JOEL E. LEGON		
Street Address 41 SEAWARD LANE			Street Address 11 CALDER DRIVE		
City FALL RIVER	State MA	Zip 02720	City WARREN	State RI	Zip 02885
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name NINA BRODEUR			Director Name JOHN S. HARKER		
Street Address P.O. BOX 54			Street Address 124 ADAMS POINT ROAD		
City CUTTYHUNK	State MA	Zip 02713	City BARRINGTON	State RI	Zip 02909
Director Name PETER L HOLDEN			Director Name CYD MCKENNA		
Street Address 180 LOOMIS RIDGE ROAD			Street Address 28 BAINBRIDGE AVENUE		
City WESTFIELD	State MA	Zip 01085	City PROVIDENCE	State RI	Zip 02909
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Jon M. Anderson - Registered Agent					Date 6/29/23
Signature of Officer/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

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JUN 30 2023
BY ml 1672

CONTINUED DIRECTORS

DIRECTOR – DEMETRIS NICHOLS
7016 JERSEY PATH, CICERO, NY 13039

DIRECTOR -- ALFRED VERRECHIA
580 OCEAN ROAD, NARRAGANSETT, RI 02882

DIRECTOR - TRR W. NICHOLAS KNISELY
120 COLD SPRING LANE, NORTH KINGSTOWN, RI 02852-5735

DIRECTOR – JULIE AVINA
726 BROADWAY 17TH FLOOR, NEW YORK, NY 10003

DIRECTOR – PAMELA C. FAULKNER
10 STRATFORD STREET, BARRINGTON, RI 02806

DIRECTOR – MARGOT F. WOLF
2 FERRY LANE, BARRINGTON, RI 02806

DIRECTOR MARK A. ROSS
173 SHADOW BROOK DRIVE, WARWICK, RI 02886

DIRECTOR – DAVID A. BROWN
15 BOND ROAD, EAST PROVIDENCE, RI 02915

DIRECTOR – PATRICK J. GREENE
191 COUNTY ROAD, BARRINGTON, RI 02806

DIRECTOR – ALFRED B. VAN LIEW
306 INDIAN AVENUE, MIDDLETOWN, RI 02842

DIRECTOR – AUDREY R. KUPCHAN
9 STRAWBERRY DRIVE, BARRINGTON, RI 02806

DIRECTOR - LT. COL. MICHAEL MANNING
111 FITZROY DRIVE APT 321, HINGHAM, MA 02043

DIRECTOR -- SEAN COFFEY
12 BENEFIT STREET, PROVIDENCE, RI 02903

DIRECTOR -- DR. TIMOTHY M. JOHNSON
551 HIGHLAND STREET, SOUTH HAMILTON, MA 01982