



Appointment of Director

Company Name: **RAINFORD ACADEMIES TRUST**

Company Number: **10455406**



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New Appointment Details

Date of Appointment: **10/12/2018**

Name: **MRS JOANNE WILSON**

The company confirms that the person named has consented to act as a director.

Service Address: **106 ST. HELENS ROAD
RAINFORD
ST. HELENS
MERSEYSIDE
UNITED KINGDOM
WA11 7QN**

Former Names: **JOANNE BRIEN**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: ****/07/1977**

Nationality: **BRITISH**

Occupation: **TAX ADVISER**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor