

A. Ralph Mollis, Secretary of State Corporations Division

2009 Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 Frontience, to 023
401.2

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 • • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* 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 negative fee of \$25.00.

| penaity fee of \$25.00.  |                           |                             |                     |                                    |            |                             |                      |
|--|---------------------------|-----------------------------|---------------------|------------------------------------|------------|-----------------------------|----------------------|
| 1. Corporate ID No. 52409  | 2. Name of Corporation    | Barri                       | ngton               | Early C                            | hildh      | ood Center                  |                      |
| 3. State of Incorporation  | 4. Corporate address in R | bode Island - Str<br>LEGE ( | eei Address<br>LANC | P. 6 Box                           | 448        | City<br>Barrington<br>State | 62806                |
| 5. Foreign corporation. Enter prin   | scipal office address     | <del>)</del>                | ·                   | City                               |            | State                       | Zip                  |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island  Preschool - Early (hikhood Pogram   |                           |                             |                     |                                    |            |                             |                      |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS   |                           |                             |                     |                                    |            |                             |                      |
| President Name Kristen Materne   |                           |                             |                     | Vice President Name Ginger Stabach |            |                             |                      |
| Street Address 6 Dana Rd.  |                           |                             |                     | Street Address                     |            |                             |                      |
| Barrington   | State R1                  | <sup>zφ</sup> 028α          | ماد                 | Barring                            | <b>ን</b> ለ | State<br>RI                 | <sup>Zip</sup> 62806 |
| Secretary Name Heather Swift   |                           |                             |                     | Treasurer Name Kayce Florio        |            |                             |                      |
| Street Address 30 Dolly Dr.  |                           |                             |                     | Street Address 17 Meadowbrook Dr.  |            |                             |                      |
| Basto 1  | State<br>R1               | <sup>Zip</sup> 0280         | 9                   | Barnag<br>Barnag                   | ton        | State R1                    | 0280b                |
| A LEGICAL CONTRACTOR OF THE CO |                           |                             |                     |                                    |            |                             |                      |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23  Director Name  |                           |                             |                     |                                    |            |                             |                      |
| Maya Bireley   |                           |                             |                     | Babs Cregan                        |            |                             |                      |
| Clavest Address:   | ennys La                  |                             |                     | Street Address 35                  |            | orth Lake                   | Dr.                  |
| Barrington   | State R1                  | Zip 0280                    | SCP P               | Barring  Director Name             | ton        | State R1                    | 828de                |
| Director Name anne Gasbarro  |                           |                             |                     | Director Name Elizabeth Kirk.      |            |                             |                      |
| Street Address 4 Collins Cont  |                           |                             |                     | Street Address 5 Owings Stone Rd.  |            |                             |                      |
| Barnagton  |                           | <sup>Zip</sup> 0280         | 4                   | Barring                            | _          | State R1                    | 02806                |
|  |                           |                             |                     |                                    |            |                             |                      |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78   |                           |                             |                     |                                    |            |                             |                      |
| This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 |
|---------------------------------|--|
| File Date FILED                 | statements contained herein are true and correct.  |
| Check No. JUN 0 8 2009          | Signature of Officer  Cristo Matrie  Print or Type Name of Officer   |
| FOR SECRETARY OF STATE USE ONLY | Tipe of Officer  |
|                                 | Form 631 Rev. 09/17  |

Barrington Early Childhood Center 27 College Lane Barrington, RI 02806

Names and addresses of directors continued

Melissa Kranowitz 15 Lantern Lane Barrington, RI 02806

Juliet Macken 7 Harbour Road Barrington, RI 02806

Matt Shields 3 Lee Road Barrington, RI 02806

Jennifer Shultz 5 Stone Tower Lane Barrington, RI 02806

Melissa Squires 102 Prospect Street Barrington, RI 02806

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JUN 0 8 2009
By 52409