

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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 penalty fee of \$25,00.

1 Comment In V	
1. Corporate ID No. 2. Name of Corporation VIII age Coperative School, Inc.	
3. State of Incorporation 4. Corporate address in Rbode Island Street Address Physics ISland 981 Kingstown	Rd Peace Dake 02879
5. Foreign corporation. Enter principal office address	City State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Preschool program for Children	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH President Name FICA RUSANDIUM	WENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name
Street Address Usque paugh Rd.	Street Address Daniel
West Kingston RI 02892	Watefield State RI 2402879
Kendra Ritchey	Heather Osborne-Roach
195 Kings Ridge Rd	275 Chestnut Hill Rd
Watefield RI 102879	Wakefield State RI 02879
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23	
Erica Rosenblum Street Address	ALISON HOOD
590 Usquepaugh Rd	317 Oakwoods Drive
West Lingston RI C2892	Wakefield State RI 210 02879
Kendra Kitchey Street Address	Heather Osborne-Roach
195 Kings Robe Rd	275 Chastnut Hill Rd
WALFIELD STATE ZIP 02879 9. REGISTERED AGENT IN RHODE ISLAND	Watefield state PI 2102879
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	
71.	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED	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.
File Date JUL 0 6 2010 Check No.	Signature of Officer Poach GR
By: BY QQ1	Print or Type Name of Officer Print Of Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Tule of Officer