



State of Rhode Island and Providence Plantations  
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: June 1 - June 30

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:** 2011

**1. Corporate ID No.** 000064887

**2. Name of Corporation** New England Early Childhood Associates and The NEECA MONTESSORI CHILDCARE PROGRAM

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 47 LINDEN DRIVE

City or Town: KINGSTON

State: RI

Zip: 02881 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 47 LINDEN DR

City or Town: KINGSTON State: RI Zip: 02881 Country: UNI

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PROVIDING CHILDCARE AND CONSULTATION SERVICES FOR CHILDREN AND FAMILIES

**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	ELLEN M PERKINS	150 WINDMERE ROAD NARRAGANSETT, RI 02882- USA
DIRECTOR	JOAN GIBBONS	25 CENTRAL AVENUE WAKEFIELD, RI 02879
OTHER OFFICER	NANCY ROSE	47 LINDEN DR KINGSTON, RI 02881 UNI
DIRECTOR	SCOTT BARLOW	6 WESTCHESTER WAY NARRAGANSETT, RI 02882 US
DIRECTOR	CAROL PATNAUDE	65 SHANNON LANE W. WARWICK, RI 02893 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

NANCY M. ROSE 47 LINDEN DRIVE KINGSTON , RI 02881-

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

**Signed this 14 Day of June, 2011 at 9:37:33 PM.** *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 corporation, 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 ELLEN M. PERKINS  
Signature of Officer of the Corporation

President or  Vice President or  Secretary or  Assistant Secretary or  
 Treasurer or  Receiver or  Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.**

Form No. 631  
Revised 09/07

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