

A. Ralph Mollis, Secretary of Sta Corporations Divisie 148 W. River Stre Providence, RI 02904-261

401.222.30

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011
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

penaity fee of \$25.00.	2 3/2				7177		
1. Corporate ID No.		2. Name of Corporation					
36007		Darlington Early Childhood Center					
3. State of Incorporation	1 1	ldress in Rhode Island - Street	Address	City	Ζip		
Rhode Island	680 Newpo	<del></del>		Pawtucket	02861		
5. Poreign corporation. Enter principal office address			City	State	Zip		
5. Brief Description of the che paycare and Preschool	aracter of the affairs whi ol/Kindergartine Ed	ch are actually conducted in I ucation	Rhode Island				
7. NAMES AND ADDR	ESSES OF THE OF	FICERS: ("X" BOX FOR A	ATTACHMENT) 🔲 FILL IN SPA	CES BEFORE USING ATT	ACHMENTS		
President Name			Vice President Name				
NONE			NONE				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Secretary Name	<u></u>		Treasurer Name				
ORIS CLARK			DEBORAH BELLOWS				
Street Address			Street Address				
5 E. BACON STRE	ET		39 WILTON AVE.				
City	State	Ζψ	City	State	Zip		
£ATTLEBORO	МА	02703	PAWTUCKET	RI	02861		
	•	•	ATTACHMENT) FILL IN SPA	<del>-</del>	-		
THE NUMBER OF DIE	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN THE	REE (3). R.I.G.L. 7-6-2		
Director Name		•	Director Name		(-)		
MARK PEARSON			JOHN BELLOWS				
Street Address			Street Address				
10 POKANOKET TRAIL			39 WILTON AVE.				
City	State	Zip	City	State	Zip		
WARREN	RI	02885	PAWTUCKET	RI	02861		
Director Name		02000	Director Name	F11	102001		
DEBORAH BELLOWS			FRED KLEGRAEFE				
Street Address			Street Address				
39 WILTON AVE.			118 HORNBINE ROAD				
City	State	Zip	City	State	Zip		
AWTUCKET	RI	02861	REHOBOTH	MA	02769		
). REGISTERED AGEN			TEL TODOTTI	tian /	102703		
mutatan arang a		OCC CA C	0.00	APP			
This information is curre	enuy of record in the	e Office of the Secretary	of State. Changes require filing of	or Form 641 - K.I.G.L. 7-6-	13/7-6-78		
This report	must be signed by	either the President, Vic	e President, Secretary, Assista	nt Secretary, Treasurer, Re	ceiver or Trustee		
		•					

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36007

Under penalty of perjury, I dec report, including any accompany		
statements contained herein are	true and correct	
Deborah Bolls	$\alpha D$	6/27/11

Norall **C** Signature of Officer

**DEBORAH BELLOWS** 

Print or Type Name of Officer

TREASURER

Title of Officer