



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>969.33</b>		2. Exact name of the Corporation <b>CUMBERLAND LOCAL EDUCATION FUND</b>			
3. State of Incorporation <b>RI</b>		4. Corporate Address in RI - Street Address <b>1464 DIAMOND HILL RD, SUITE 2</b>		City <b>CUMBERLAND</b>	Zip <b>02864</b>
5. Foreign corporation. Enter principal office address		City	State	Zip	
6. Brief description of the character of business conducted in Rhode Island <b>SUPPORTS EDUCATION &amp; LEARNING PROJECTS FOR CUMBERLAND CHILDREN</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>DANIEL J. MCKEE</b>			Vice-President Name <b>NONE</b>		
Street Address <b>12 HILLSIDE AVE.</b>			Street Address		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Secretary Name <b>NONE</b>			Treasurer Name <b>CHERYL A. ROCK</b>		
Street Address			Street Address <b>61 RED GATE RD</b>		
City	State	Zip	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>LINDA DWYER</b>			Director Name <b>ROSEMARY CROZIER</b>		
Street Address <b>7 BARWAY LANE</b>			Street Address <b>6 GLADDING DR.</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name <b>SUSAN VARELA</b>			Director Name <b>NONE</b>		
Street Address <b>31 GARDEN ST.</b>			Street Address		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND <b>HAROLD STALLWOOD; 2970 MENDON RD, UNIT 22; CUMBERLAND, RI, 02864</b>					

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.  
 This report must be signed by either the President or Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**MAR 27 2012**

File Date \_\_\_\_\_

Check No \_\_\_\_\_ **1502**

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

**Daniel J. McKee** **3/26/12**  
 Signature of Officer Date

**DANIEL J. MCKEE**  
 Print or Type Name of Officer

**President**  
 Title of Officer