



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 36007		2. Exact name of the Corporation Darlington Early Childhood Center			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Daycare and Preschool / Kindergarten Education			
5. Principal office address 680 Newport Ave.		City Pawtucket		State RI	Zip 02861
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name NONE		Vice-President Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name Doris Clark		Treasurer Name Deborah Bellows			
Street Address 5 E. Bacon Street		Street Address 25 Summit Drive			
City Attleboro	State MA	Zip 02703	City Warren	State RI	Zip 02885
7. 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 John Bellows		Director Name Mark Pearson			
Street Address 25 Summit Drive		Street Address 10 Pokanoket Trail			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Fred Klegraefe		Director Name Deborah Bellows			
Street Address 118 Hornbine Rd.		Street Address 25 Summit Drive			
City Rehoboth	State MA	Zip 02769	City Warren	State RI	Zip 02885
8. REGISTERED AGENT IN RHODE ISLAND					
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, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

MAY 30 2012

File Date _____

Check No _____

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.

Deborah Bellows 6/1/12
Signature of Officer Date

Deborah Bellows

Print or Type Name of Officer

Treasurer

Title of Officer