



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. 93959		2. Exact name of the Corporation Rhode Island KIDS COUNT Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To collect and disseminate accurate information about children.			
5. Principal office address One Union Station		City Providence	State RI	Zip 02903	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Pamela C. High, M.D.			Vice-President Name none		
Street Address 593 Eddy Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Maxine Richman			Treasurer Name Robert J. Civetti, CPA		
Street Address 9 Strawberry Drive			Street Address 155 South Main Street, Suite 100		
City Barrington	State RI	Zip 02806	City Providence	State RI	Zip 02903
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Victor F. Capellan			Director Name William Hollinshead, M.D.		
Street Address 125 Carr Street			Street Address 122 Martin Street		
City Providence	State RI	Zip 02905	City Rehoboth	State MA	Zip 02769
Director Name Beverly E. Ledbetter			Director Name Charles E. Maynard		
Street Address 110 South Main Street			Street Address 35 Hilltop Drive		
City Providence	State RI	Zip 02912	City East Greenwich	State RI	Zip 02818
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

File Date _____

JUN 15 2012

Check No _____

By *AME*

By: _____

CD # 9728

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.

Robert J. Civetti
Signature of Officer

6/15/2012
Date

Robert J. Civetti

Print or Type Name of Officer

Treasurer

Title of Officer

Rhode Island KIDS COUNT, Inc.
Corporate ID No. 93959

NAMES AND ADDRESSES OF THE DIRECTORS
(ATTACHMENT)

Neil F.X. Kelly, Esq.
150 South Main Street
Providence, R.I. 02903

FILED

JUN 15 2012

By *mne*

JD # 93959