



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 33280		2. Exact name of the Corporation The Barrington Early Learning Center, Inc.			
3. Principal office address 136 County Road			City Barrington	State RI	Zip 02806-4511
4. Business Phone No. 401-245-9200			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To engage in the operation of a pre-school.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Cynthia A. Watson			Director Name		
Street Address 136 County Road			Street Address		
City Barrington	State RI	Zip 02806-4511	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Cynthia A. Watson 3/19/13
 Signature of Authorized Representative Date

Cynthia A. Watson, President

Print or Type Name of Authorized Representative

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BY 6791

EXHIBIT A

Names and Addresses of the Officers
The Barrington Early Learning Center, Inc. #33280

President:

Cynthia A. Watson
136 County Road
Barrington, RI 02806-4511

Vice-President:

Katey Watson Carroll
136 County Road
Barrington, RI 02806-4511

Vice-President:

Jill Watson Lukens
136 County Road
Barrington, RI 02806-4511

Secretary:

Cynthia A. Watson
136 County Road
Barrington, RI 02806-4511

Treasurer:

Cynthia A. Watson
136 County Road
Barrington, RI 02806-4511

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BY 33280