

## 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 2013

Filing Period: June 1 - Ju Filing Fee: \$20.00 • FAIL	ine 30 • This report must be typed o URE TO FILE THIS REPORT BY JU	or printed legibly. LY 30 WILL RESULT IN A \$25.00	PENALTY FEE.	2013	SEC	
1. Entity ID No.	2. Exact name of the Corporation			MAY	공관	
97729	London Bridge (	child Care Center		Y 29	OR A	
3. State of Incorporation	4. Brief description of the character of bus	siness conducted in Rhode Island		2>	30	
RI	Child care certe	r-A non	Dotit	Ö	NS OF	
	S+	City E. Greenwich	State RT Zi	3 <b>≥848</b>	\H_	
6: LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)						
President Name  Duid Mor	rt1	Vice-President Name Fitz	Gerald	د		
Street Address 6V6	renuocid Ave	Street Address 167 Da	row R	۵'n		
Warvick	State Zip 886	Warwick	State Zi	0288	6	
Secretary Name	erkins	Treasurer Name Lely Mad	don			
Street Address 28 Cu	elation anche		bornigh	St		
CIN Kingstown	State RT Zip 02852	E Greenwich		52818	151	
7. LIST ALL DIMECTORS (NAM) ("X" BOX FOR ATTACHMENT	ES AND ADDRESSES). RHODE ISLAND ) 🔲	CORPORATIONS <u>MUST</u> LIST NO I	ESS THAN THRE	E (3) DIREC	TORS	
Director Name	Bomberger	Director Name Hen Ga	mmon	2ـــ		
Street Address 50 sembur	Lane	Street Address 40 Main	3+			
City E Greenwich	State ZID ZID Z 818	E Greenwich	State Zi	32818	>	
Director Name  Cothy  Koca	ak		rkins			
Street Address 7	uldPlace	Street Address Len	t Dr			
E Greenwich	State Zip 02818	& Greenwich	State Zi	O281	18	
8. REGISTERED AGENT IN RHO	· · · · · · · · · · · · · · · · · · ·		tion that a cons		**************************************	
	record in the Office of the Secretary of					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						

File Date	this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.			
Check No	MAY 29 2013 Peop In Institute	5/2/13		
	Signature of Officer	Date		
FOR SECRETARY OF STATE USE ONLY	MA Eileen FitzGerald			
	Print or Type Name of Officer			
Form No. 631	20-198 DR Vice President			
Revised: 05/2012	Title of Officer			