

**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 - 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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2013 MAY 29 AM 10:28

1. Entity ID No. 97729		2. Exact name of the Corporation London Bridge Child Care Center	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Child care center - A non profit	
5. Principal office address 165 Duke St		City E. Greenwich	State RI
		Zip 02818	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name David Monti		Vice-President Name Eileen FitzGerald	
Street Address 399 Greenwood Ave		Street Address 167 Darrow Dr	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
Secretary Name Susan Perkins		Treasurer Name Kelly Madden	
Street Address 28 Collation Circle		Street Address 189 Marlborough St	
City N Kingstown	State RI	City E Greenwich	State RI
Zip 02882		Zip 02818	
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 Sara Bomberger		Director Name Allen Gammons	
Street Address 150 Lenihan Lane		Street Address 461 Main St	
City E Greenwich	State RI	City E Greenwich	State RI
Zip 02818		Zip 02818	
Director Name Cathy Kocak		Director Name Ellie Perkins	
Street Address 57 Gould Place		Street Address 222 Kent Dr	
City E Greenwich	State RI	City E Greenwich	State RI
Zip 02818		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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

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.

MAY 29 2013

Signature of Officer

Date

BY AA

Eileen FitzGerald
Print or Type Name of Officer29-198108 Vice President
Title of Officer