



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 2014

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. 101206		2. Exact name of the Corporation The Daniel Child House, Inc.			
3. Principal office address 767 Main Street			City Warren	State RI	Zip 02885
4. Business Phone No. 401-247-1560			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Homelike Assisted Living					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Carlos A. Ferreira			Vice-President Name Carlos A. Ferreira		
Street Address 23 Laura Street			Street Address 23 Laura Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Carlos A. Ferreira			Treasurer Name Carlos A. Ferreira		
Street Address 23 Laura Street			Street Address 23 Laura Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Carlos A. Ferreira			Director Name		
Street Address 23 Laura Street			Street Address		
City East Providence	State RI	Zip 02914	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
			1,000	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

FILED
JAN 08 2014
 BY 4361

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.
Carlos A. Ferreira 12-20-13
 Signature of Authorized Representative Date
Carlos A. Ferreira
 Print or Type Name of Authorized Representative