



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000029304

2. Name of Corporation SOUTH COUNTY DAY SCHOOL

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1239 TOWER HILL ROAD

City or Town: NORTH KINGSTOWN

State: RI Zip: 02852 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

EDUCATIONAL AND CHILD CARE PROGRAMS FOR CHILDREN 3-8 YEARS OLD

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	ROBERT THERRIEN	6 WHITMAN DRIVE NORTH KINGSTOWN, RI 02852 USA
SECRETARY	SUSAN HOMER	291 SHORE ACRES AVE NORTH KINGSTOWN, RI 02852 USA
PRESIDENT	NANCY OLIVER	40 ELAM STREET

		NORTH KINGSTOWN, RI 02852 USA
VICE PRESIDENT	GEOFF MARCHANT	73 MEADOW AVE WAKEFIELD, RI 02879 USA
DIRECTOR	VIRGINIA PRICHETT	19 BRIDGE VIEW DRIVE JAMESTOWN, RI 02835 USA
DIRECTOR	MARIKA MOOSBRUGGER	3872 COMMODORE PERRY HIGHWAY WAKEFIELD, RI 02879 USA
DIRECTOR	SUZANNE HASSAN	105 STONEWAY WAKEFIELD, RI 02879 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

SUSAN W. HOMER 1239 TOWER HILL ROAD NORTH KINGSTOWN , RI 02852

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 11 Day of June, 2014 at 10:53:51 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By SUSAN HOMER
Signature of Authorized Person

Form No. 631
Revised 09/07

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