

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.

1. Entity ID No.	2. Exact na	me of the Corporation			
93959	Rhode Island KIDS COUNT, Inc.				
3. State of Incorporation Rhode Island	Brief description of the character of business conducted in Rhode Island To collect and disseminate accurate information about children.				
5. Principal office address One Union Station			City Providence	State RI	Zip 02903
President Name Victor F. Capellan Street Address 32 Parkside Drive			Vice-President Name William Hollinshead, M.D. Street Address 122 Martin Street		
City Providence	State RI	Zip 02910	City Rehoboth	State MA	Zip 02769
Secretary Name Maxine Richman			Treasurer Name Raymond Celona, CPA		
Street Address 9 Strawberry Drive			Street Address 155 South Main Street, Suite 100		
City Barrington	State RI	Zip 02806	City Providence	State R I	Zip 02903
	NAMES AND AGE	HESSES), RHODE IS	LAND CORPORATIONS MUST I	JST NO LESS TRAI	THEEE'(8) DIDECTOR
Director Name Manuela Raposo			Director Name Linda H. Newton		
Street Address P.O. Box 40923			Street Address 45 Larch Street		
City Providence	State RI	Zip 02940	City Providence	State RI	Zip 02906
Director Name Marisa Quinn			Director Name Amy Goldberg, M.D.		
Street Address P.O. Box 1920			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02912	City Providence	State RI	Zip 02903
STREETS TERESTAGEN NAN This information is current			ary of State. Changes require fili	ng Form 641.	

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



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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.

Signature of Officer or Authorized Representative

Date

Elizabeth Burke Bryant, Executive Director

Print or Type Name of Officer or Authorized Representative

Form No. 631 Revised: 04/2014

Rhode Island KIDS COUNT, Inc. Corporate ID No. 93959

NAMES AND ADDRESSES OF THE DIRECTORS (ATTACHMENT)

Reverend Matthew N. Kai 134 Bridgham Street Providence, RI 02909

Barbara Silvis P.O. Box 7500 Johnston, RI 02919

> JUN 1 2 2014 BY TD 93859