



**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. 000030478

2. Name of Corporation WOOD RIVER PRE-SCHOOL, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1059 MAIN STREET

City or Town: HOPE VALLEY

State: RI

Zip: 02832

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

PRE-SCHOOL PROGRAM

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	JASON DAPONTE	9 MAPLE STREET HOPE VALLEY, RI 02832 USA
TREASURER	JENNIFER IDE	1 ROCKY WAY WEST KINGSTON, RI 02892 USA
SECRETARY	CHRISTY DUTRA	8 BRIDGEVIEW DRIVE

		RICHMOND, RI 02892 USA
VICE PRESIDENT	JILL ARNOLD	11 MAPLE STREET HOPE VALLEY, RI 02832 USA
DIRECTOR	SARAH EDENBACH	351 NOOSENECK HILL ROAD RICHMOND, RI 02898 USA
DIRECTOR	JOHN MARCANTONIO	3 PLEASANT VIEW DRIVE HOPE VALLEY, RI 02832 USA
DIRECTOR	DEBRA MCBRIDE	46 OLD DEPOT ROAD HOPE VALLEY, RI 02832 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

DAVID WILLIS, ESQ. 300 CENTERVILLE ROAD, SUITE 304 S. WARWICK , RI 02886

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

Signed this 25 Day of June, 2014 at 8:18:55 PM 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 JASON DAPONTE
Signature of Authorized Person

Form No. 631
Revised 09/07

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