



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. 000064887

2. Name of Corporation New England Early Childhood Associates and The NEECA MONTESSORI CHILDCARE PROGRAM

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 47 LINDEN DRIVE

City or Town: KINGSTON

State: RI

Zip: 02881

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

PROVIDING CHILDCARE AND CONSULTATION SERVICES FOR CHILDREN AND FAMILIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	ELLEN M PERKINS	150 WINDMERE ROAD NARRAGANSETT, RI 02882- USA
DIRECTOR	JOAN GIBBONS	25 CENTRAL AVENUE

OTHER OFFICER	NANCY ROSE	WAKEFIELD, RI 02879 47 LINDEN DR KINGSTON, RI 02881 UNI
DIRECTOR	SCOTT BARLOW	6 WESTCHESTER WAY NARRAGANSETT, RI 02882 US
DIRECTOR	CAROL PATNAUDE	65 SHANNON LANE W. WARWICK, RI 02893 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**

NANCY M. ROSE 47 LINDEN DRIVE KINGSTON , RI 02881-

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

Signed this 30 Day of June, 2014 at 10:41:56 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 NANCY M. ROSE
Signature of Authorized Person

Form No. 631
Revised 09/07

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