



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. 36007		2. Exact name of the Corporation Darlington Early Childhood Center			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Daycare and Preschool/Kindergarten Education			
5. Principal office address 680 Newport Ave.		City Pawtucket	State RI	Zip 02861	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name None			Vice-President Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name None			Treasurer Name Deborah Bellows		
Street Address			Street Address 25 Summit Drive		
City	State	Zip	City Warren	State RI	Zip 02885
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John Bellows			Director Name Mark Pearson		
Street Address 25 summit Drive			Street Address 10 Pokanoket Trail		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Deborah Bellows			Director Name Lavelay Kizekai		
Street Address 25 Summit Drive			Street Address 90 Robert Circle		
City Warren	State RI	Zip 02885	City Cranston	State RI	Zip 02905
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 30 2014

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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.

Deborah C. Bellows 6/26/14
 Signature of Officer or Authorized Representative Date

Deborah C. Bellows - Treasurer

Print or Type Name of Officer or Authorized Representative