



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. 66896		2. Exact name of the Corporation A Place To Grow, Inc			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island A childcare center that services children ages 6 weeks to 6 years.			
5. Principal office address 12 High Street		City Wakefield	State RI	Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Vincent Liberis			Vice-President Name Lori Ann Hiener		
Street Address 171B Queens River Drive			Street Address 50 George Schaeffer Street		
City West Kingston	State RI	Zip 02892	City Wakefield	State RI	Zip 02879
Secretary Name Veronica Paolantonio			Treasurer Name Jennifer Giordano		
Street Address 71 Baltimore Avenue			Street Address 200 Indian Trail		
City Narragansett	State RI	Zip 02882	City Saunderstown	State RI	Zip 02874
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 Lora Strout			Director Name Christen Ryan		
Street Address 365 Woodruff Avenue			Street Address 1 Perkins Avenue		
City Wakefield	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
Director Name Lisa Kennedy			Director Name Ashley Reyes		
Street Address 6 Dinaro Drive			Street Address 9 Rotary Drive		
City Smithfield	State RI	Zip 02917	City West Warwick	State RI	Zip 02893
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

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.

FILED

JUL 21 2014
 19041

Signature of Officer or Authorized Representative: Jennifer Giordano Date: 7/11/14

Print or Type Name of Officer or Authorized Representative: Jennifer Giordano, Treasurer

BY _____