



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. 000097729

2. Name of Corporation LONDON BRIDGE CHILD CARE CENTER, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 165 DUKE STREET

City or Town: EAST GREENWICH

State: RI

Zip: 02818

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

TO PROVIDE DAYCARE AND KINDERGARTEN SERVICES TO LOW AND MODERATE INCOME 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	EILEEN FITGZTGERALD	167 DARROW DR WARWICK, RI 02886 USA
VICE PRESIDENT	KELLY MADDEN	189 MARLBOROUGH ST ETG, RI 02818 USA

DIRECTOR	SUSAN PERKINS	28 COLLATION CIRCLE NK, RI 02818 USA
DIRECTOR	ELLIE PERKINS	222 KENT DR EG, RI 02818 USA
DIRECTOR	CATHY KOCAK	57 GOULD EG, RI 02818 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**

JANET KENNEY 264 SUNNYBROOK FARM ROAD NARRAGANSETT , RI 02882

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

Signed this 19 Day of November, 2014 at 2:12:46 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 JANETG KENNEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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