



**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:** 2015

**1. Corporate ID No.** 000028147

**2. Name of Corporation** CANE Child Development Center

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 281 POST ROAD

City or Town: WAKEFIELD State: RI Zip: 02879 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**

CHILD CARE FOR PRE-SCHOOL CHILDREN.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
TREASURER	FRANCES SHERMAN	77 HULL ST WAKEFIELD, RI 02879 USA
SECRETARY	JESSE PUGH	27 RIVER AVENUE WAKEFIELD, RI 02879 USA
CHAIRPERSON	PHYLLIS M COTTO-SANTIAGO	P.O. BOX 176

		LEDYARD, CT 06339 USA
VICE CHAIRPERSON	KARI CATERO	31 LARKIN POND RD NORTH WAKEFIELD, RI 02879 USA
DIRECTOR	VICKI CROWNING-SHIELD	27 RIVER AVE WAKEFIELD, RI 02879 USA
DIRECTOR	LISA JEAN DICARLO MS.	85 FORSYTHIA LN CRANSTON, RI 02921 USA
DIRECTOR	KATHERINE PURCELL	313B POST RD. WAKEFIELD, RI 02879 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**

LISA J. DICARLO 281 POST ROAD WAKEFIELD , RI 02879

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

**Signed this 28 Day of April, 2015 at 1:15:00 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 LISA J. DICARLO  
Signature of Authorized Person

Form No. 631  
Revised 09/07