



**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.** 000027855

**2. Name of Corporation** Brown Fox Point Early Childhood Education Center Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 150 HOPE STREET

City or Town: PROVIDENCE State: RI Zip: 02906 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**

THE CARE AND EDUCATIOIN OF CHILDREN AGES 3-6

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	AVITAL ROSENBERG CHATTO	34 HART ST PROVIDENCE, RI 02906 USA
TREASURER	ESTEBAN CARDEMIL	94 SLATER AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	ANDREW LUND	74 HOLLY STREET

		PROVIDENCE, RI 02906 USA
DIRECTOR	RUTH BEN-ARTZI	74 HOLLY STREET PROVIDENCE, RI 02906 USA
DIRECTOR	AMY KINNEY	57 TAFT STREET CRANSTON, RI 02905 USA
DIRECTOR	BROOKE ADAMS	42 MOUNT AVE PROVIDENCE, RI 02906 USA
DIRECTOR	JIM RYCZEK	33 TAYLOR ST CRANSTON, RI 02920 USA
DIRECTOR	AMY GALLO	241 LAFAYETTE STREET PAWTUCKET, RI 02860 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**

CHRIS AMIRAUT 150 HOPE STREET PROVIDENCE , RI 02906

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

**Signed this 16 Day of June, 2015 at 3:36:24 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 DONNA THERIAULT  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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