



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. 000029322

2. Name of Corporation The Pawtucket Day Nursery Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 25 THORNLEY STREET

City or Town: PAWTUCKET

State: RI

Zip: 02860

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

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	ENIS PARDI	8 ASHLAND ROAD NORTH SCITUATE, RI 02857 USA
TREASURER	ANGELA VALENTINE	26 MASON ROAD BARRINGTON, RI 02806 USA
SECRETARY	KRISTEN LYNCH	21 HILL AVENUE

		SMITHFIELD, RI 02917 USA
VICE PRESIDENT	PATRICIA PATTERSON	274 GLEANER CHAPEL ROAD SCITUATE, RI 02857 USA
DIRECTOR	JULIE ESPOSITO	44 WOODLAND COURT LINCOLN, RI 02865 USA
DIRECTOR	CATHY PROCACCINI	220 WOONASQUATUCKET AVE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	DONNA MELFI	220 WOONASQUATUCKET AVE NORTH PROVIDENCE, RI 02911 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**

BARBARA CAVALLARO 25 THORNLEY STREET PAWTUCKET , RI 02862

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

Signed this 23 Day of June, 2015 at 2:37:41 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 JULIE ESPOSITO
Signature of Authorized Person

Form No. 631
Revised 09/07