



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 2015

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. 28649		2. Exact name of the Corporation Charlestown Early Learning Center, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Preschool servicing 3,4, and 5 year old children			
5. Principal office address Cross Mills, P.O. Box 220		City Charlestown		State RI	Zip 02813
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name Margaret Kelley			Vice-President Name		
Street Address 4380 Old Post Rd.			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
Secretary Name Bernice Simmons			Treasurer Name John P. Kelley		
Street Address Old Mill Rd.			Street Address 4380 Old Post Rd.		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name Margaret Kelley, John Kelley, Bernice Simmons			Director Name Laura Roebuck		
Street Address (see above)			Street Address 54 Perrywinkle Rd.		
City Charlestown	State RI	Zip 02813	City Wakefield	State RI	Zip 02879
Director Name Arthur Smith			Director Name Maureen Areglado		
Street Address 50 Highview Ave			Street Address 2 Partridge Run		
City Hope Valley	State RI	Zip 02832	City Charlestown	State RI	Zip 02813
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.

Margaret M. Kelley 8-26-15
Signature of Officer or Authorized Representative Date

Margaret M. Kelley
Print or Type Name of Officer or Authorized Representative