



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
93959		Rhode Island KIDS COUNT, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		To collect and disseminate accurate information about children.			
5. Principal Office Address		City	State	Zip	
One Union Station		Providence	RI	02903	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Linda H. Newton		Vice-President Name Manuela Raposo			
Street Address 45 Larch Street		Street Address P.O. Box 40923			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02940
Secretary Name Barbara Silvis		Treasurer Name Raymond Celona, CPA			
Street Address 250 Grandview Drive		Street Address 72 Hemlock Avenue			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name Marisa Quinn		Director Name Amy Goldberg, M.D.			
Street Address P.O. Box 1862		Street Address 593 Eddy Street			
City Providence	State RI	Zip 02912	City Providence	State RI	Zip 02903
Director Name Reverend Matthew Kai		Director Name Elizabeth Lange, M.D.			
Street Address 134 Bridgham Street		Street Address 900 Warren Avenue			
City Providence	State RI	Zip 02909	City East Providence	State RI	Zip 02914
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Elizabeth Burke Bryant, Executive Director				Date June 1, 2016	
Signature of Officer/Authorized Representative <i>Elizabeth Burke Bryant</i> SIGN DOCUMENT HERE					

FILED
JUN 13 2016
BY KL 11770

Rhode Island KIDS COUNT, Inc.
Corporate ID No. 93959

NAMES AND ADDRESSES OF THE DIRECTORS
(ATTACHMENT)

Marisa Albanese
280 Melrose Street
Providence, RI 02907