



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: 2016

1. Corporate ID No. 000027882

2. Name of Corporation BROWN PLAY SCHOOL

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 4 NEWMAN AVENUE

City or Town: EAST PROVIDENCE

State: RI Zip: 02916 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

PRESCHOOL FOR 3 AND 4 YEAR OLDS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	ANDREA DEL SESTO	24 BERWICK PLACE RUMFORD, RI 02916 USA
SECRETARY	JEFF COREY	7 GILBERT ST PROVIDENCE, RI 02909 USA
TREASURER	KEVIN O CONNOR	330 NEWMAN AVE

		RUMFORD, RI 02916 USA
DIRECTOR	JACQUELINE COURTEMANCHE	66 JULIA DRIVE NORTH PROVIDENCE, RI 02911 USA
DIRECTOR	TRACEY MURPHY	P.O. BOX 15153 RIVERSIDE, RI 02916 USA
DIRECTOR	BRINEY DILLON	57 ARNOLD ST PROVIDENCED, RI 02906 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**

CLAUDINE TAYLOR 4 NEWMAN AVENUE RUMFORD , RI 02916

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

**Signed this 8 Day of July, 2016 at 2:57:22 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 CLAUDINE TAYLOR  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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