



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.** 000097729

**2. Name of Corporation** LONDON BRIDGE CHILD CARE CENTER, INC.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 165 DUKE STREET

City or Town: EAST GREENWICH State: RI Zip: 02818 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**

TO PROVIDE DAYCARE AND KINDERGARTEN SERVICES TO LOW AND MODERATE INCOME FAMILIES.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	CATHY KOCAK	57 GOULD PLACE EAST GREENWICH, RI 02818 USA
SECRETARY	NICOLE RAINVILLE	250 HEMLOCK DR EAST GREENWICH, RI 02818 USA

VICE PRESIDENT	EILEEN FITZGERALD	167 DARROW DR WARWICK, RI 02886 USA
DIRECTOR	SUSAN PERKINS	28 COLLATION CIRCLE NK, RI 02818 USA
DIRECTOR	ELLIE PERKINS	222 KENT DR EG, RI 02818 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**

JANET KENNEY 39 OLD PINE ROAD NARRAGANSETT , RI 02882

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

**Signed this 30 Day of August, 2016 at 10:15:16 AM 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 JANET KENNEY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations  
All Rights Reserved