



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. 000028649

2. Name of Corporation Charlestown Early Learning Center, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: CROSS MILLS

P.O. BOX 220

City or Town: CHARLESTOWN

State: RI

Zip: 02813

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 3-5 YEARS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MARGARET KELLEY	4380 OLD POST ROAD CHARLESTOWN, RI 02813 USA
TREASURER	JOHN P KELLEY MR.	4380 OLD POST ROAD CHARLESTOWN, RI 02813 USA

SECRETARY	BERNICE D SIMMONS MRS.	OLD MILL ROAD CHARLESTOWN, RI 02813 US
DIRECTOR	LAURA ROEBUCK MRS.	18 PERRYWINKLE RD.. WAKEFIELD, RI 02879 US
DIRECTOR	ARTHUR SMITH MR.	MAIN STREET HOPE VALLEY, RI US

**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**

MARGARET M. KELLEY CROSS MILLS P.O. BOX 220 CHARLESTOWN , RI 02813

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

Signed this 28 Day of December, 2016 at 4:12:32 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 MARGARET KELLEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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