



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

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2017 FEB 23 PM 1:59

Annual Report for the year: **2017**  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>485205</b>		2. Exact name of the Corporation <b>Briarwood Child Academy, Inc.</b>			
3. Principal Office Address <b>621 Pound Hill Road</b>		City <b>North Smithfield</b>		State <b>RI</b>	Zip <b>02896</b>
4. NAICS Code <b>62 - Health Care and Social Ass</b>	6. Brief description of the character of business conducted in Rhode Island <b>Day Care Business</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Peter J. Sangermano, III</b>			Vice-President Name <b>Peter J. Sangermano, III</b>		
Street Address <b>53 Burbank Rd.</b>			Street Address <b>53 Burbank Rd.</b>		
City <b>Sutton</b>	State <b>MA</b>	Zip <b>01590</b>	City <b>Sutton</b>	State <b>MA</b>	Zip <b>01590</b>
Secretary Name <b>Peter J. Sangermano, III</b>			Treasurer Name <b>Peter J. Sangermano, III</b>		
Street Address <b>53 Burbank Rd.</b>			Street Address <b>53 Burbank Rd.</b>		
City <b>Sutton</b>	State <b>MA</b>	Zip <b>01590</b>	City <b>Sutton</b>	State <b>MA</b>	Zip <b>01590</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>		
NUMBER OF SHARES			CLASS/SERIES		PAR VALUE
			Common		No Par
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
<b>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.</b>					
Name of Authorized Representative <b>Peter J. Sangermano, III</b>					Date <b>2/16/17</b>
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FILED

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BY

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FORM 630 - Revised: 10/2016