



**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:** 2018

**1. Corporate ID No.** 000028649

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

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

624410

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | MARGARET KELLEY                                | 4380 OLD POST ROAD<br>CHARLESTOWN, RI 02813 USA            |
| TREASURER | JOHN P KELLEY MR.                              | 4380 OLD POST ROAD<br>CHARLESTOWN, RI 02813 USA            |
| SECRETARY | BERNICE D SIMMONS MRS.                         | OLD MILL ROAD<br>CHARLESTOWN, RI 02813 US                  |
| DIRECTOR  | LAURA ROEBUCK MRS.                             | 18 PERRYWINKLE RD..<br>WAKEFIELD, RI 02879 US              |
| DIRECTOR  | ARTHUR SMITH MR.                               | MAIN STREET<br>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 17 Day of September, 2018 at 2:06:37 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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