



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

Annual Report for the year: **2018**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

STAMP

1. Entity ID Number 000030564		2. Exact name of the Corporation Woonsocket Head Start - Child Development Assoc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PLANNING, ORGANIZING, IMPLEMENTING, COORDINATING AND EXECUTING A COMPREHENSIVE CHILD DEVELOPMENT PROGRAM TO IMPROVE THE SOCIAL, EMOTIONAL, INTELLECTUAL AND PHYSICAL GROWTH OF THE CHILDREN AND FAMILIES PARTICIPATING IN THE PROGRAM OF ASSISTING LOW INCOME CHILDREN AND FAMILIES IN THE AREA.			
4. NAICS Code 624410 - Child Day Care Ser					
6. Principal Office Address 204 WARWICK ST.		City WOONSOCKET		State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANN WARD			Vice-President Name ANGELO MENUCCI		
Street Address 60 FISHER RD. UNIT 88			Street Address 74 HILLSDALE ST.		
City CUMBERLAND	State RI	Zip 02854	City WOONSOCKET	State RI	Zip 02895
Secretary Name DOUGLAS BROWN			Treasurer Name LISA SCAHILL		
Street Address 68 CUMBERLAND ST.			Street Address 5 ROCKY WAY		
City WOONSOCKET	State RI	Zip 02895	City MANVILLE	State RI	Zip 02895
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NANCY BENOIT			Director Name ROSINA HUNT		
Street Address 28 BERKLEY ST.			Street Address 68 HAMLET AVE.		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Director Name LINDA MAJEWSKI			Director Name GARRETT MANICIERI		
Street Address 61 SAINT HUGHES ST.			Street Address 372 CONGRESS ST.		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative MAX REMELE				Date 2/13/19	
Signature of Officer/Authorized Representative <i>Max Remele</i>				SIGN DOCUMENT HERE FILED <i>or</i>	

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

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