



**State of Rhode Island  
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: February 1 - May 1*

*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 - ENTER THE CURRENT YEAR 2025:** 2025

**1. Corporate ID No.** 001775804

**2. Name of Corporation** Protectors of the Children, Inc.

**3. State of Incorporation**

State: RI

**NAICS CODE**

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

624110

**4. Principal Office Address**

No. and Street: 330 TARKILN RD

City or Town: MAPLEVILLE

State: RI

Zip: 02839

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO OPERATE A NON-PROFIT MOTORCYCLE ORGANIZATION LICENSED PURSUANT  
TO THE LAWS  
OF THE STATE OF RHODE ISLAND DEDICATED TO THE SUPPORT AND  
PROTECTION OF CHILDREN WHO HAVE EXPERIENCED ABUSE; TO QUALIFY AS A  
TAX EXEMPT  
ORGANIZATION PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE  
CODE; TO DO  
EVERYTHING DONE BY THOSE OPERATING A SIMILAR ORGANIZATION FOR A

LAWFUL PURPOSE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	HEATH S COMLEY	116 ORANGE STREET PROVIDENCE, RI 02903-2837 USA
DIRECTOR	GERALD D MCDONALD JR.	22 BARBARA ROAD CHEPACHET, RI 02814 USA
DIRECTOR	JOSHUA L. YOUNG	425 CHOPMIST HILL ROAD CHEPACHET, SC 02814 USA
DIRECTOR	JENNIFER S. LEARY	330 TARKILN ROAD MAPLEVILLE, RI 02839 USA
DIRECTOR	WAYNE A LEARY II	330 TARKILN ROAD MAPLEVILLE, RI 02839 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

HEATH S COMLEY 116 ORANGE STREET PROVIDENCE , RI 02903-2837

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

Signed this 31 Day of July, 2025 at 5:06:22 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 JENNIFER S LEARY  
Signature of Authorized Person

Form No. 631  
Revised 09/07