

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004792

**Entity Name:** CHILD FIRST, INC.**Current Principal Place of Business:**35 NUTMEG DRIVE  
SUITE 385  
TRUMBULL, CT 06611**Current Mailing Address:**35 NUTMEG DRIVE  
SUITE 385  
TRUMBULL, CT 06611 US**FEI Number:** 46-1272768**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JOHN W POLSKY

02/10/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title BOARD CHAIRPERSON  
Name OSTUW, RICHARD MS  
Address 35 NUTMEG DRIVE  
SUITE 385  
City-State-Zip: TRUMBULL CT 06611

Title BOARD MEMBER  
Name PERLSTEIN, SHERRY MSW  
Address 35 NUTMEG DRIVE  
SUITE 385  
City-State-Zip: TRUMBULL CT 06611

Title CEO  
Name LOWELL, DARCY MD  
Address 35 NUTMEG DRIVE  
SUITE 385  
City-State-Zip: TRUMBULL CT 06611

Title COO  
Name SKYER, BRUCE MBA  
Address 35 NUTMEG DRIVE  
SUITE 385  
City-State-Zip: TRUMBULL CT 06611

Title BOARD SECRETARY  
Name BARTON, MARIANNE PHD  
Address 35 NUTMEG DRIVE  
SUITE 385  
City-State-Zip: TRUMBULL CT 06611

Title BOARD MEMBER  
Name RICHARDSON, DOROTHY PHD  
Address 35 NUTMEG DRIVE  
SUITE 385  
City-State-Zip: TRUMBULL CT 06611

Title BOARD MEMBER  
Name SHAHMOON-SHANOK, REBECCA  
PHD  
Address 35 NUTMEG DRIVE  
SUITE 385  
City-State-Zip: TRUMBULL CT 06611

Title BOARD MEMBER  
Name HOWARD, KAREN JD  
Address 35 NUTMEG DRIVE  
SUITE 385  
City-State-Zip: TRUMBULL CT 06611

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRUCE SKYER

COO

02/10/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CHIEF PROGRAM OFFICER  
Name PENISTON, MARY MPA  
Address 35 NUTMEG DRIVE  
SUITE 385  
City-State-Zip: TRUMBULL CT 06611

Title BOARD MEMBER  
Name WILLIS, DAVID MD, FAAP  
Address 35 NUTMEG DRIVE  
SUITE 385  
City-State-Zip: TRUMBULL CT 06611

Title CHIEF DEVELOPMENT OFFICER  
Name WASSER, CLIFFORD JD  
Address 35 NUTMEG DRIVE  
SUITE 385  
City-State-Zip: TRUMBULL CT 06611