

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year: 2017 Corporation

FILED
JAN 26 2017 Q

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if for

| Imagination station Early Learning Center, Inc.  | 1. Entity ID Number   | 2. Exact na                                  | me of the Corporati   | ion                    |                                       |                     |                        |  |
|--|---|--|-----------------------|------------------------|---------------------------------------|---------------------|------------------------|--|
| City   State   Zip   Q2919   |   |  |                       |                        |                                       |                     |                        |  |
| Secretary Name   State   Zip   City   | 3. Principal Office Address                                     |  |                       |                        |                                       | Tetata              | 17:m                   |  |
| 44-45 - Retail Trade  5. State of Incorporation RI  7. List ALL officers (names and addresses)  Street Address  City Johnston  Street Address  City  State  City  | · · · · · · · · · · · · · · · · · · ·                           |  |                       | -                      |                                       |                     | ·                      |  |
| 4.4.4. Retail Trade  5. State of Incorporation RI  7. List ALL Officers (names and addresses)  City Johnston  Same as President  Same as President  Street Address  City Johnston  Same as President  Street Address  City Johnston  Same as President  Treasurer Name Same as President  Street Address  City State  Zip City | 4. NAICS Code   | 6. Brief desc                                | cription of the chara | acter of business con  | nducted in Rhoo                       | de Island           |                        |  |
| 5. State of incorporation RI  7. List ALL officers (names and addresses)  Street Address  City  Street Address  City  State  City  State  Zip  City  State   | 44-45 - Retail Trade  | To Own an                                    | d Operate a Day (     | Care Facility and do   | all things inc                        | idential thereto.   |                        |  |
| 7. List ALL officers (names and addresses)  President Name  Jessica Faiola  Street Address  47 Lincoln Drive  City  Johnston  State  City  State  Zip  Director Name  None  Street Address  City  State  Zip  City | 5. State of Incorporation                                       | <del>-</del>                                 |                       |                        |                                       |                     |                        |  |
| Street Address   Stre   | RI  | ļ  |                       |                        |                                       |                     |                        |  |
| Street Address   Stre   | 7. List ALL officers (names a                                   | and addresses)                               |                       |                        | Che                                   | and the hey to indi |                        |  |
| Street Address  City Johnston  State RI  Zip 02919  City  State  Zip  City  State  Street Address  City  State  Zip  Check the box to indicate an attach  Director Name  None  Street Address  City  State  Zip  Number of SHARES  CLASS/SEPRIES  PAR VALUE  This information is currently of record in the Papartment of State.  Changes require an additional filling.  1. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a recurstee, this report must be executed on behalf of the corporation by the receiver or trustee.  Indeer 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.  Insignature of Authorized Representative  Insignature of Authorized Representative  Insignature of Authorized Representative  | President Name Jessica Faio                                     | la   |                       | Vice-President N       | ame care as I                         | BCK the DOX to mui  | cate an attachment     |  |
| City Johnston  Secretary Name Same as President  Street Address  City  State  Zip  Check the box to indicate an attach  Director Name  None  Street Address  City  State  Zip  Director Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Director Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  One Check the box to indicate an attach  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE  State  Street Address  CLASS/SERIES  PAR VALUE  To City  State  Zip  One Check the box to indicate an attach  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE  To City  State  Zip  One Check the box to indicate an attach  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE  To City  State  Zip  One Check the box to indicate an attach  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE  To City  State  Zip  One Check the box to indicate an attach  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE  To City  State  Zip  One Check the box to indicate an attach  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE  To City  State  Zip  One Check the box to indicate an attach  NUMBER OF SHARES  CLASS/SERIES  PAR VALUE  To City  State  Zip  Director Name  Street Address  City  State  Zip  One Cit |   |  |                       | <del></del>            | Same as r                             | President           |                        |  |
| Screet Address  Street Address  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Check the box to indicate an attach  Director Name  Street Address  City  State  Zip  Check the box to indicate an attach  Number Of State.  Chass-Series  PAR VALUE  To No  No  No  No  This information is currently of record in the Department of State.  Changes require an additional filing.  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a recrustee, this report must be executed on behalf of the corporation by the receiver or trustee.  Under penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and tatements, and that all statements contained herein are true and correct.  Lame of Authorized Representative  Date  Date  Date  Street Address  Number of Address  Date  Date  |   |  |                       | Street Address         |                                       |                     |                        |  |
| Street Address  City State Zip City State Zip  8. List ALL directors (names and addresses) Check the box to indicate an attach Director Name  None  Street Address  City State Zip City State Zip  Director Name  Street Address  City State Zip  Director Name  Street Address  City State Zip  Check the box to indicate an attach Zip  Director Name  Street Address  City State Zip  City State Zip  Changes Authorized  This information is currently of record in the Department of State.  Changes require an additional filing.  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a required 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.  Date  Date  Insignature of Authorized Representative  Date  Date  Date  Insignature of Authorized Representative  Date  Date  | City Johnston   | State <sub>RI</sub>                          | <sup>Zip</sup> 02919  | City                   |                                       | State               | Zip                    |  |
| Street Address  City State Zip City State Zip  8. List ALL directors (names and addresses) Check the box to indicate an attach Director Name None  Street Address  City State Zip City State Zip  Director Name  Street Address  City State Zip City State Zip  Director Name  Street Address  City State Zip City State Zip  City State Zip  3. Shares Authorized  This information is currently of record in the Department of State.  Changes require an additional filling.  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a record repeating 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.  Independent of Authorized Representative Date  Date  Date  Director Name  Street Address  No  No  No  No  Date  Date  | Secretary Name Same as Pres                                     | sident                                       |                       | Treasurer Name         | Treasurer Name Same as President      |                     |                        |  |
| 8. List ALL directors (names and addresses)  Check the box to indicate an attach Director Name  None  Street Address  City  State  Zip  Check the box to indicate an attach Check the box to indicate an attach Check the Indicate an attach Check the State  Supportment of State  Changes require an additional filling.  Changes require an additional filling.  In This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a reconstant period period period period in the Corporation by the receiver or trustee.  Inder penalty of period, 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.  Signature of Authorized Representative  Date  Date  Date   |   |  |                       |                        |                                       |                     |                        |  |
| Street Address  City State Zip City State Zip  Director Name  Dire |   |  | Zip                   | City                   |                                       | State               | Zip                    |  |
| Street Address  City State Zip City State Zip  Director Name  Dire | 8. List ALL directors (names a                                  | and addresses)                               |                       |                        | Che                                   | eck the box to indi | cate an attachment     |  |
| City State Zip Director Name  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 filling.  10. Shares Issued Check the box to indicate an attach NUMBER OF SHARES CLASS/SERIES PAR VALUE  500 No  No  11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a record of the corporation by the receiver or trustee.  11. This report must be executed on behalf of the corporation by the receiver or trustee.  12. 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.  Name of Authorized Representative  Date  Date  Date  Director Name  | Director Name<br>None   |  | <del></del>           | Director Name          |                                       |                     |                        |  |
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| Director Name    Director Name   Director Name   |   |  |                       |                        |                                       |                     |                        |  |
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| State   Zip   City   State   Zip   City   State   Zip    9. Shares Authorized   10. Shares Issued   Check the box to indicate an attach    This information is currently of record in the   NUMBER OF SHARES   CLASS/SERIES   PAR VALUE    500   No   No    11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a recorporation to the corporation by the receiver or trustee.    11. This report must be executed on behalf of the corporation by the receiver or trustee.    12. 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.    13. Shares Issued   Check the box to indicate an attach    No   No   No    14. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a recorporation by the receiver or trustee.    15. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and    15. State   Zip    No   No    16. This report must be executed on behalf of the corporation by the receiver or trustee.    17. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and    18. State   Zip    No   No    19. State   Zip    No   No    10. Shares Issued   Check the box to indicate an attach    No   No    11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a record report, including any accompanying schedules and    18. State   Zip    No   No   No    19. State   Zip    No   No   No    10. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a record report must be executed on behalf of the corporation by an authorized representative.  | Director Name   |  |                       | Director Name          | Director Name                         |                     |                        |  |
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| Name of Authorized Representative  Jessica Faiola President  Signature of Authorized Representative  | rustee, this report must be ex                                  | recuted on benalt of                         | the corporation by    | the receiver or truste | ee.                                   |                     |                        |  |
| Name of Authorized Representative  Jessica Faiola President  Signature of Authorized Representative  | Under penalty of perjury, I d<br>statements, and that all state | declare and affirm ti<br>tements contained i | hat I have examine    | ed this report, inclu  | uding any acco                        | ompanying sche      | dules and              |  |
| Signature of Authorized Representative   | Name of Authorized Represen                                     | ıtative                                      |                       |                        |                                       | Date                | i _                    |  |
|  | Jessica Faiola President  | tothiro                                      | <del>1</del>          |                        |                                       | 1-0                 | 24-17                  |  |
| A - B b m m (1 - 1 t   | I MIN   |  | n                     |                        |                                       |                     |                        |  |

MAIL TO:

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