



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

Annual Report for the year: 2017
Corporation _____

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 26 2017 *o*

BY 2855

1. Entity ID Number 530941		2. Exact name of the Corporation Imagination station Early Learning Center, Inc.			
3. Principal Office Address 6 Borden Avenue		City Johnston		State RI	Zip 02919
4. NAICS Code 44-45 - Retail Trade <input type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island To Own and Operate a Day Care Facility and do all things incidental thereto.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jessica Faiola			Vice-President Name Same as President		
Street Address 47 Lincoln Drive			Street Address		
City Johnston		State RI	Zip 02919	City	
Secretary Name Same as President			Treasurer Name Same as President		
Street Address			Street Address		
City		State	Zip	City	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City		State	Zip	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 500	CLASS/SERIES	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, 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 statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Jessica Faiola, President				Date 1-24-17	
Signature of Authorized Representative <i>Jessica Faiola</i>					

MAIL TO:
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 Website: www.sos.ri.gov