



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

**Annual Report for the year: 2018**  
**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 22 2018  
 BY 30604 *ea*

1. Entity ID Number <b>S30941</b>	2. Exact name of the Corporation <b>Imagination Station Early Learning Center, Inc.</b>
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3. Principal Office Address <b>6 Borden Avenue</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
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4. NAICS Code <b>611110</b>	6. Brief description of the character of business conducted in Rhode Island <b>To own and operate a childrens' daycare facility and do all things incidental thereto.</b>
5. State of Incorporation <b>RI</b>	

7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jessica Faiola</b>		Vice-President Name <b>Same as President</b>			
Street Address <b>47 Lincoln Drive</b>		Street Address			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Secretary Name <b>Same as President</b>		Treasurer Name <b>Same as President</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

9. Shares Authorized <b>This information is currently of record in the Department of State.</b>	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.	NUMBER OF SHARES <b>500</b>	CLASS/SERIES	PAR VALUE <b>No</b>

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 <b>Jessica Faiola, President</b>	Date <b>1-11-18</b>
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Signature of Authorized Representative <i>Jessica Faiola</i>	PRINT DOCUMENT HERE
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