State of Rhode Island Fee: \$50.00
Office of the Secretary of State
Division Of Business Services 148 W. River Street
Providence RI 02904-2615 (401) 222-3040
Limited Liability Company
Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR: 2022
1. ID No. <u>001729244</u>
2. Exact Name of the Limited Liability Company Same Team Childcare LLC
3. State of Formation
State: <u>RI</u>
ARTICLE III
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>611519</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
THE SAME TEAM ONLINE COUDSE WAS CREATED IN DUODE ISLAND AND IS A
THE SAME TEAM ONLINE COURSE WAS CREATED IN RHODE ISLAND AND IS A COURSE THAT
PARENTS AND NANNIES MAY ACCESS THROUGH AN EDUCATIONAL PLATFORM TO TAKE
TOGETHER. THE COURSE OUTLINES HOW PARENTS AND NANNIES CAN BEST SEARCH, HIRE,
AND ONBOARD TOGETHER. PARENTS AND NANNIES COMPLETE MODULES ON
<u>COMMUNICATION,</u> <u>RESPECT, AND FILL OUT A WORK AGREEMENT TOGETHER INSIDE THE COURSE.</u>
5. Principal Office Address
No. and Street:400 GLEN RDCity or Town:PORTSMOUTHState:RIZip:02871Country:USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: <u>DR. SARAH B. NADIMPALLI</u> Contact Title: No. and Street: <u>400 GLEN RD</u>
City or Town: <u>PORTSMOUTH</u> State: <u>RI</u> Zip: <u>02871</u> Country: <u>USA</u>

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

SARAH NADIMPALLI 400 GLEN RD. PORTSMOUTH, RI 02871

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 14 Day of April, 2022 at 10:48:51 AM 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 § 7-16.*

By <u>SARAH B. NADIMPALLI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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