



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
 FEB 27 2023
 BY Yaso
OR

| | | | | | |
|--|--------------------|--|---|--------------------|------------------------|
| 1. Entity ID Number 000530941 | | 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 621111 | | 6. Brief description of the character of business conducted in Rhode Island To own and operate a daycare facility and do all thngs 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 6 Borden Avenue | | | Street Address | | |
| City Johnston | State RI | Zip 02919 | City | State | Zip |
| Secretary Name Same as President | | | Treasurer Name Same as President | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASSIFRIES | PAR VALUE |
| | | 500 | | CNP | 10.00 |
| 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 | | | | | Date 2/21/23 |
| Signature of Authorized Representative <i>Jessica Faiola</i> | | | | | |