		e of Rhode Is the Secretary		Fee: \$50.00			
1636	14 Provi	n Of Business S 8 W. River Stre lence RI 02904 (401) 222-3040	et -2615				
Limited Liability Co Annual Report Filing Period: Februar							
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 - ENTER THE <u>CURRENT</u> FILING YEAR 2023 : <u>2023</u>							
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							
<u>THE SAME TEAM ONLINE COURSE WAS CREATED IN RHODE ISLAND AND IS A</u> <u>COURSE THAT</u> 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							
COMMUNICATION,							
RESPECT, AND FILL OUT A WORK AGREEMENT TOGETHER INSIDE THE COURSE.							
5. Principal Office A	ddress						
No. and Street: City or Town:	<u>400 GLEN RD</u> <u>PORTSMOUTH</u>	State: <u>RI</u>	Zip: <u>02871</u>	Country: <u>USA</u>			

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:							
Contact Name: C No. and Street: City or Town:	ontact Title: <u>400 GLEN ROAD</u> <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							
<u>SARAH NADIMPALLI 400 GLEN RD. PORTSMOUTH</u> , <u>RI 02871</u>							
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).							
 Signed this 18 Day of May, 2023 at 3:13:36 PM 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>DR. SARAH NADIMPALLI</u> Signature of Authorized Person 							
Form No. 632 Revised 09/07							
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