



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010.

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 304532.		2. Name of Corporation EL BEBE DAY-CARE CENTER INC.			
3. Street Address Principal Business Office 1396 Broad St.		City Providence		State RI	Zip 02905.
4. Business Phone No. 401/226-1360		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island DAY-CARE CENTER. SCHOOL AGE Before and After school Program					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Luis Briceno			Vice President Name Luis Briceno		
Street Address 1396 Broad St.			Street Address 4 - same		
City Providence	State RI	Zip 02905.	City	State	Zip
Secretary Name same.			Treasurer Name same.		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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 ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 0	Class/Series	Par Value

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.

FILED

NOV 17 2009

File Date	By: [Signature]
Check No.	29-103998
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: [Signature] Date: 11/17/09
Print or Type Name: LUIS BRICENO
Title: President.