



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 553827		2. Exact name of the Corporation North End Child Care & Learning Center, Inc.			
3. Principal office address 612 Charles Street		City Providence	State RI	Zip 02904	
4. Business Phone No. (401) 632-4950s		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Operation of a child care facility and learning center for children					
OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Shana L. Grenga			Vice-President Name		
Street Address 497 Snake Hill Road			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name Shana L. Grenga			Treasurer Name Shana L. Grenga		
Street Address 497 Snake Hill Road			Street Address 497 Snake Hill Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
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					
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.					
10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
200		Common		Without	

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
FEB 08 2013
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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.

Shana Grenga
Signature of Authorized Representative

2/5/13
Date

Shana L. Grenga

Print or Type Name of Authorized Representative