



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 2014

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. 38638		2. Exact name of the Corporation Happy Hearts Learning Center, Inc.			
3. Principal office address 2608 South County Trail			City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-885-1017		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island daycare and educational center					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Pamela S. Noble			Vice-President Name		
Street Address 13 Waltham Street, Apt B-308			Street Address		
City Boston	State RI	Zip 02118	City	State	Zip
Secretary Name Ann M. Millard			Treasurer Name Ann M. Millard		
Street Address 144 Division Street			Street Address 144 Division Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Pamela S. Noble			Director Name Ann M. Millard		
Street Address same as above			Street Address same as above		
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) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	Common	1.00

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

File Date _____

FILED

Check No _____

MAR 17 2014

By: _____

49-220112

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.

Ann M. Millard 5/13/14
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Ann M. Millard, Secretary

Print or Type Name of Authorized Representative

A.A.