



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. 144984 | | 2. Exact name of the Corporation THE CHILDRENS VILLAGE AT OAK HARBOUR EARLY LEARNING CENTER, INC. | | | | | |
| 3. Principal office address 567 SOUTH COUNTY TRAIL | | | | City EXETER | State RI | Zip 02822 | |
| 4. Business Phone No. 295-5240 | | | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief description of the character of business conducted in Rhode Island EARLY LEARNING CENTER, CHILD CARE | | | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | |
| President Name MARIA A. JENDZA | | | | Vice-President Name NONE | | | |
| Street Address 85 BOYCE AVENUE | | | | Street Address | | | |
| City BARRINGTON | State RI | Zip 02806 | City | State | Zip | | |
| Secretary Name NONE | | | | Treasurer Name NONE | | | |
| Street Address | | | | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | |
| Director Name MARIA A. JENDZA | | | | Director Name NONE | | | |
| Street Address 85 BOYCE AVENUE | | | | Street Address | | | |
| City BARRINGTON | State RI | Zip 02806 | City | State | Zip | | |
| Director Name NONE | | | | Director Name NONE | | | |
| 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 | |
| | | | | 100 | COMMON | \$1.00 PAR VALUE | |

2014 MAR 31 AM 11:51
 SECRETARY OF STATE
 CORPORATIONS DIV

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 _____
 Check No _____
 By: _____

FILED
MAR 31 2014

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 of Authorized Representative _____ Date **2/3/14**

FOR SECRETARY OF STATE USE ONLY
 By **19-221258**
A.A. 11:52A.m
 Print or Type Name of Authorized Representative