



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: (+01) 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