



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. <b>583149</b>		2. Exact name of the Corporation <b>Emmas Home Day Care Inc</b>		
3. Principal office address <b>25 Regent Ave</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
4. Business Phone No. <b>401 521 4281</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Home Day Care (children 4 weeks - 12 years old)</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Emma Villa</b>		Vice-President Name <b>Esradulope Artiz</b>		
Street Address <b>25 Regent Ave</b>		Street Address <b>25 Regent Ave</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>Emma Villa</b>		Director Name		
Street Address <b>25 Regent Ave</b>		Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		<b>0</b>		

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  
 FOR SECRETARY OF STATE USE ONLY

**FILED** C  
**JUN 10 2014**  
 BY 225988  
 9:45

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: Emma Villa  
 Date: 6/10/14  
 Print or Type Name of Authorized Representative: Emma Villa