



**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 2015**

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>553827</b>		2. Exact name of the Corporation <b>North End Child Care &amp; Learning Center, Inc.</b>			
3. Principal office address <b>497 Snake Hill Road</b>		City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	
4. Business Phone No.		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Operation of a child care facility and learning center for children</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name <b>Shana L. Grenga</b>			Vice-President Name		
Street Address <b>497 Snake Hill Road</b>			Street Address		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City	State	Zip
Secretary Name <b>Shana L. Grenga</b>			Treasurer Name <b>Shana L. Grenga</b>		
Street Address <b>497 Snake Hill Road</b>			Street Address <b>497 Snake Hill Road</b>		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
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			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>200</b>		<b>w/o par</b>

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 FEB -5 AM 9:00

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 05 2016**

File Date  
 Check No.  
 By  
 FOR SECRETARY OF STATE USE ONLY

*Handwritten:* 2/16/16  
 9/08

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:* Shana Grenga  
 Signature of Authorized Representative  
 Date: **2/14/16**  
 Print or Type Name of Authorized Representative: **Shana L. Grenga**