



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 2016

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. 000936543		2. Exact name of the Corporation Happy Learning Day Care, Inc.								
3. Principal office address 32 Annie Street			City Providence	State RI	Zip 02908					
4. Business Phone No. 401-272-0263		5. State of Incorporation Rhode Island								
6. Brief description of the character of business conducted in Rhode Island Day Care										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Darnetta Kelly			Vice-President Name Darnetta Kelly							
Street Address 32 Annie Street			Street Address 32 Annie Street							
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908					
Secretary Name Darnetta Kelly			Treasurer Name Darnetta Kelly							
Street Address 32 Annie Street			Street Address 32 Annie Street							
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name Darnetta Kelly			Director Name							
Street Address 32 Annie Street			Street Address							
City Providence	State RI	Zip 02908	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		
						100	STK	\$1.00		

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Darnetta Kelly 2/25/16
 Signature of Authorized Representative Date

Darnetta Kelly
 Print or Type Name of Authorized Representative

FILED

FEB 29 2016
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