



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. 155859		2. Exact name of the Corporation Cherry Blossom Journey School, Inc.			
3. Principal office address 3191 Mendon Road		City Cumberland	State RI	Zip 02864	
4. Business Phone No. 401-658-2829		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island The operation of a Daycare for Children and any other lawful purpose					
President Name Deborah M. Pierini			Vice-President Name Deborah M. Pierini		
Street Address 4 Roosevelt Road			Street Address 4 Roosevelt Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Deborah M. Pierini			Treasurer Name L. Kenneth Pierini		
Street Address 4 Roosevelt Road			Street Address 4 Roosevelt Road		
City Cumbeland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) IN BOX FOR ATTACHMENT					
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
8. SHARES AUTHORIZED					
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	
		600	Common	No Par Value	

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.

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

Deborah M. Pierini

Print or Type Name of Authorized Representative