



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