State of Rhode Isla  Department			vices Division	-	7	
Annual Report for the year:  Limited Liability Company  → Filing period: September 1 - November 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by December 1.					SECRETARY OF COREONATION	
1. Entity ID Number	2. Exact n	2. Exact name of the Limited Liability Company			<del>- 2</del> 2%	
000123341	Kids Ca	Kids Campus Preschool & Daycare LLC			5	
3. State of Formation RI		Brief description of the character of business conducted in Rhode Island  Real Property Ownership				
5. Principal Office Address			City	State	Zip	
13126 Touchstone Place			Palm Beach Gardens	FL	33418	
6. Mailing Address of Limite	d Liability Compa	any and Name o	r Title of Contact Person	<u> </u>	<u></u>	
Contact Name Jason Brown			Contact Title Member			
Street Address 13126 Touchstone PI			City Palm Beach Gardens	State FL	Zip <b>33418</b>	
7. List <b>ALL</b> managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLICABLE - I	DO NOT LIST	MEMBERS	
Manager Name N/A			Manager Name	-		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			Che	eck the box to	indicate an attachment	
			of record in the Department of State. Chang	ges require filing	Form 642.	
Under penalty of perjury, I statements, and that all sta	declare and affa atements contain	irm that I have e ined herein are	examined this report, including any true and correct.	accompanyin	g schedules and	
Name of Authorized Person				Date		
Jason Brown	/	_		8-12-2016		
Signature of Authorized Pers	son /	SIGN	DOCUMENT HERE			
7			10:52 A	m		

FILED

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

AUG I 9 2016