St.	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St		
	Providence RI 0290		
linet	(401) 222-304		
HOPE	(101) === 301		
Limited Liability Comp	any		
Annual Report Filing Period: September 1 -	November 1		
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	2016		
1. ID No. <u>000841123</u>			
2. Exact Name of the Limited Liability Company Hand in Hand Christian Preschool, LLC			
3. State of Formation			
State: <u>RI</u>			
Using the following NAICS and a places called the and that best describes your business			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code		6 61	-
4. Brief Description of the	Character of the Business Which	is Actually Conducted in F	Rhode Island
CHRISTIAN PRE-SCHOOL EDUCATION AND CARE FOR CHILDREN AGES 3-5 YEARS,			
MONDAY THRU FRIDAY 9:00 AM - 1:30 PM.			
5. Principal Office Addres	S		
No. and Street: <u>17 C</u>	ABOT STREET		
City or Town: <u>LIN</u>	<u>COLN</u> State: <u>R</u>	<u>I</u> Zip: <u>02865</u> Court	ntry: <u>USA</u>
	COLN State: <u>R</u> ited Liability Company and Name		• <u> </u>
	ited Liability Company and Name		• <u> </u>
6. Mailing Address of Lim Contact Name: Contact T No. and Street: <u>17 C/</u>	ited Liability Company and Name	or Title of Contact Person	:
6. Mailing Address of Lim Contact Name: Contact T	ited Liability Company and Name	or Title of Contact Person	• <u> </u>
6. Mailing Address of Lim Contact Name: Contact T No. and Street: <u>17 C/</u> City or Town: <u>LINC</u>	ited Liability Company and Name itle: <u>ABOT STREET</u> <u>OLN</u> State: <u>R</u> Each Manager of the Limited Liab	or Title of Contact Person	: ntry: <u>USA</u>
 6. Mailing Address of Lim Contact Name: Contact T No. and Street: <u>17 C/</u> City or Town: <u>LINC</u> 7. Name and Address of E DO NOT LIST MEMBER 	ited Liability Company and Name itle: <u>ABOT STREET</u> <u>OLN</u> State: <u>R</u> Each Manager of the Limited Liab S	or Title of Contact Person	: ntry: <u>USA</u>
6. Mailing Address of Lim Contact Name: Contact T No. and Street: 17 C/ City or Town: LINC 7. Name and Address of E	ited Liability Company and Name itle: <u>ABOT STREET</u> <u>OLN</u> State: <u>R</u> Each Manager of the Limited Liab	or Title of Contact Person	: ntry: <u>USA</u> e.

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

LAURIE DENIO 17 CABOT STREET LINCOLN, RI 02865

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of October, 2016 at 10:48:40 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By LAURIE A. DENIO

Signature of Authorized Person

Form No. 632 Revised 09/07

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