State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
158717	OVER THE RAINBOW LEARNING CENTER, INC.

3. Principal Office Address	City	State	Zip
1269 PLAINFIELD STREET	JOHNSTON	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
61 - Educational Services	CHILDCARE
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: MINERVA WALDRON			Vice-President Name: MINERVA WALDRON		
Street Address: 1269 PLAINFIELD STREET			Street Address: 1269 PLAINFIELD STREET		
City: JOHNSTON	State: RI	Zip: 02919	City: JOHNSTON	State: RI	Zip: 02919
Secretary Name: MINERVA WALDRON			Treasurer Name: MINERVA WALDRON		
Street Address: 1269 PLAINFIELD STREET			Street Address: 1269 PLAINFIELD STREET		
City: JOHNSTON	State: RI	Zip: 02919	City: JOHNSTON	State: RI	Zip: 02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: MINERVA WALDRON			Director Name:		
Street Address: 1269 PLAINFIELD STREET			Street Address:		
City: JOHNSTON	State: RI	Zip: 02919	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	0	CNP	0.00
Changes require an additional filing.			

11. 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.

Name of Authorized Representative	Date
MINERVA WALDRON	12-19-2016

Signature of Authorized Representative: M Waldron

SIGN DOCUMENT HERE

FILED
DEC 21 2016
11:52
By 291373

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov