



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

**Annual Report for the year: 2017
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 000145643		2. Exact name of the Corporation Creative Center Daycare & Preschool II, Inc.			
3. Principal Office Address 2952 Hartford Avenue		City Johnston		State RI	Zip 02919
4. NAICS Code 62 - Health Care and Social As	6. Brief description of the character of business conducted in Rhode Island Daycare and Preschool				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rhonda R. Rossi-Ahn			Vice-President Name Rhonda R. Rossi-Ahn		
Street Address 63 Shore Drive			Street Address 63 Shore Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rhonda R. Rossi-Ahn			Director Name		
Street Address 63 Shore Drive			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
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		150	Common	No Par Value	
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 Rhonda R. Rossi-Ahn					Date 2/8/17
Signature of Authorized Representative <i>Rhonda R. Rossi-Ahn</i>					

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

FILED
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BY *5309*

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