



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 **2017**

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. 84040		2. Exact name of the Corporation JLK Learners, Inc.			
3. Principal office address 1535 Hartford Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-351-3230			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island To provide day care services and early learning center					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Charlene Barbieri			Vice-President Name Kendra LoPresti		
Street Address 43 WOODS LANE			Street Address 86 Cranberry Terrace		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Kendra LoPresti			Treasurer Name Charlene Barbieri		
Street Address 86 Cranberry Terrace			Street Address 43 WOODS LANE		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			8000	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

FEB 17 2017

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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.

Charlene Barbieri 2-13-17
 Signature of Authorized Representative Date

Charlene Barbieri
 Print or Type Name of Authorized Representative