



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 <b>123456</b>		2. Exact name of the Corporation <b>LOVE 4 ALL CHILD CARE CENTER INC</b>			
3. Principal Office Address <b>162 METCALF ST</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>62 - Health Care and Social</b>		6. Brief description of the character of business conducted in Rhode Island <b>DAY CARE FACILITY</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ZIAD KHALIL</b>			Vice-President Name <b>MAYRA KHALIL</b>		
Street Address <b>241 GALLATIN ST</b>			Street Address <b>241 GALLATIN ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>MAYRA KHALIL</b>			Treasurer Name <b>MAYRA KHALIL</b>		
Street Address <b>241 GALLATIN ST</b>			Street Address <b>241 GALLATIN ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ZIAD KHALIL</b>			Director Name <b>MAYRA KHALIL</b>		
Street Address <b>241 GALLATON ST</b>			Street Address <b>241 GALLATIN ST</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>50</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>0</b>
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. <b>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.</b>					
Name of Authorized Representative <b>MAYRA KHALIL</b>				Date <b>02/25/17</b>	
Signature of Authorized Representative <i>Mayra Khalil</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

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By *AR* 6992

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