RI SOS Filing Number: 201737869920 Date: 3/10/2017 4:00:00 PM

(13)	

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 n	ot filed by April 1.					
1. Entity ID Number		2. Exact name of the Corporation					
126096	ACADEMY	ACADEMY FOR LITTLE CHILDREN OF CUMBERLAND, INC.					
3. Principal Office Address			City		State	Zip	
ONE HUNDRED JEFFERSO	IDRED JEFFERSON BLVD., SUITE 200			(	RI	02888	
4. NAICS Code	6. Brief desc	ription of the charac	ter of business	conducted in Rhode	Island		
81 - Other Services (except	CHILD CAR	RE, PRESCHOOL, I	KINDERGARTE	N AND DAY CARE			
5. State of Incorporation							
RHODE ISLAND		,					
7. List ALL officers (names and	d addresses)				the box to in	dicate an attachment	
President Name CHARLOTTE L. MORETTI			Vice-President Name JAMES MORETTI				
Street Address 10 JAMES P. MURPHY HIGHWAY			Street Address 10 JAMES P. MURPHY HIGHWAY				
City WEST WARWICK	State RI	Zip 02893	City WEST	City WEST WARWICK		<sup>Zip</sup> 02893	
	CHARLOTTE L. MORETTI			Treasurer Name JAMES MORETTI			
	s 10 JAMES P. MURPHY HIGHWAY			Street Address 10 JAMES P. MURPHY HIGHWAY			
City WEST WARWICK	State RI	Zip 02893	City WEST	WARWICK	State RI	<sup>Zip</sup> 02893	
8. List ALL directors (names ar	nd addresses)				the box to in	dicate an attachment	
Director Name CHARLOTTE L. MORETTI			·	Director Name JAMES MORETTI			
	10 JAMES P. MURPHY HIGHWAY			Street Address 10 JAMES P. MURPHY HIGHWAY			
City WEST WARWICK	State RI	Zip 02893	City WEST \	WARWICK	State RI	Zip 02893	
irector 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.		NUMBER OF	SHARES	CLASS/SERIE	<u>s</u> . T	PAR VALUE	
Changes require an additional filling.		200		COMMON	<b>128</b>	NO PAR	
Changes require an additional hi	ling.				is.		
11. This report must be execute trustee, this report must be exe	ed on behalf of the	corporation by an a	uthorized repre	sentative. If the corpo	oration is in th	e hands of a receiver or	
Under penalty of perjury, I de statements, and that all state	clare and affirm t	hat i have examin	ed this report,	including by accor	npanying sci	nedules and	
Name of Authorized Represent		Tierenii are uue an	u correct.	FILE	Date		
CHARLOTTE L. MORETTI		<u> </u>		MAR 1 0 2017	$\frac{1}{2}$	MZ.	
Signature of Authorized Repres	sentative	Valutat	MENT HE	1 1	The sales	1/4	
		<del>-</del> <del>-</del> - <del>-</del> <del>-</del> - <del>-</del> - <del>-</del> <del>-</del> - <del>-</del>	· V	1		***	

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016