RI SOS Filing Number: 201751664480 Date: 10/16/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

R.I. DEPY. OF STATE BUS SVCS DIV
BUS SVCS DIV
2017 OCT 16 PM 2: 09

1. Entity ID Number 140702		2 Exact name of the Limited Liability Company TOTALLY KIDS SCHOOL AGE ADVENTURES, LLC				
3. NAICS Code 999999		4 Brief description of the character of business conducted in Rhode Island DAY CARE SERVICES				
5. State of Formation RHODE ISLAND						
6. Principal Office Address 7 MESSER STREET			City WARWICK	State RI	Zip 02886	
7. Mailing Address of Limit	ted Liability Compa	any and Name o				
Contact Name MICHELLE ST. DENIS			Contact Title MEMBER			
Street Address 7 MESSER STREET			City WARWICK	State RI	Zıp 02886	
8 List ALL managers (nar	mes and addresse	s) of the Limited	Liability Company, IF APPLICAR	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	Stale	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
Crty	State	Zıp	City	State	Zıp	
	<u>_</u>			Check the box to	indicate an attachment	
9. Resident Agent in Rhod	le Island. This inform	nation is currently	of record with the Department of Sta	ite. Changes require filii	ng Form 642.	
Under penalty of perjury statements, and that all			examined this report, including true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person MICHELLE ST. DENIS, MEMBER				Date 9 2017		
Signature of Authorized Pe	erson XI Sini	ો ડાલા	NECOTIMENT HERE			

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**

OCT 16 2017
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FORM 632 - Revised: 08/2017