RI SOS Filing Number: 201753824990 Date: 11/22/2017 4:00:00 PM

State of Rhode Island Department of			ces Division	_		
Annual Report for the Limited Liability Comp	any					
 → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00 			cember 1.		R.I. DEP BUS 9	
1. Entity ID Number 1657892		2. Exact name of the Limited Liability Company Kid's Quarter's, LLC				
3. NAICS Code Le 11519 5. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Daycare/Pre-School				
6. Principal Office Address 64 Bay Spring Avenue			City Barrington	State RI	Zip 02806	
7. Mailing Address of Limited L	iability Comp	any and Name or				
Contact Name Nicole Kopka			Contact Title Member			
Street Address 18 Blue Ridge Road			City Cranston	State RI	^{Zip} 02920	
8. List ALL managers (names	and addresse	es) of the Limited L	iability Company, IF APPLICA	BLE - DO NOT LIST M	EMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		<u> </u>		Check the box to in	ndicate an attachment	
			f record with the Department of St		·	
Under penalty of perjury, I d statements, and that all stat			xamined this report, includir true and correct.	ng any accompanying	g schedules and	
Name of Authorized Person Date						
Nicole Kopka, Member						
Signature of Authorized Perso	n	$\neg n$	un Min	11/8/	17	
				$ {}$		

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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FORM 632 - Revised: 08/2017