Department of S  Annual Report for the y			o Division			
Limited Liability Compa	/eai. <u></u> anv					
→ Filing period: September		per 1				
→ Filing Fee: \$50.00					- <b>2</b>	
→ Penalty: Additional \$25.00	) fee if form i	s not filed by Decer	nber 1.		8.1. D BU 2817 NO	
1. Entity ID Number	2. Exact name of the Limited Liability Company					
931959	The Nurturing Nook Learning Center, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
611519	Daycare/Pre-School				Si AND	
5. State of Formation	1	j				
Rhode Island						
6. Principal Office Address			City	State	Zip	
9 George Street			North Providence	RI	02911	
7. Mailing Address of Limited Lia	ability Compa	ny and Name or Title				
Contact Name Nicole Kopka			Contact Title Member			
Street Address 18 Blue Ridge Road			City Cranston	State RI	<sup>Zip</sup> 02920	
8. List ALL managers (names a	ind addresses	i) of the Limited Liab	ility Company, IF APPLICABI	E - DO NOT LIST N	MEMBERS	
Manager Name NICOLE KOD	,KA_		Manager Name			
Street Address 18 Blue Ridge Road			Street Address			
city Cranston	State RT	zip 02920	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Isla			•		_	
Under penalty of perjury, I dec statements, and that all stater				any accompanying	; schedules and	
Name of Authorized Person				Date		
Nicole Kopka, Member						
Signature of Authorized Person		here	GUM <b>X</b> IT HERE	111	18/17	

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

State of Rhode Island and Providence Plantations

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

**FILED** 

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