State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2017 DEC -5 AM 10: 29

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	2. Exact name of the Corporation
799772	Good Parent Inc.

3. Principal Office Address	City	State	Zip
One Regency Plaza Suite 2	Providence	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722320	Book Production
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Robert Pressman	Stephanie Dratch-Pressman
Street Address: One Regency Plaza	Street Address: One Regency Plaza
City: Providence State: RI Zip: 02903	City: Providence State: RI Zip: 02903
Secretary Name	**Treasurer Name**
Stephanie Dratch-Pressman	Stephanie Dratch-Pressman
Street Address: One Regency Plaza	Street Address: One Regency Plaza
City: Providence State: RI Zip: 02903	City: Providence State: RI Zip: 02903

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100		0.01

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.

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.

Name of Authorized Representative	Date
Stephanie Dratch-Pressman	12.05.2017

Signature of Authorized Representative: Stephanie Dratch-Pressman

FILED
DEC 05 2017
BY Le 319094
10:32

MAIL TO:
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: 08/2017