



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 not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2017 DEC -5 AM 10:29

1. Entity ID Number 799772		2. Exact name of the Corporation Good Parent Inc.			
3. Principal Office Address One Regency Plaza Suite 2			City Providence	State RI	Zip 02905
4. NAICS Code 322120		6. Brief description of the character of business conducted in Rhode Island Book Production			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Pressman			Vice-President Name Stephen Donaldson - P		
Street Address One Regency Plaza			Street Address One Regency Plaza		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Stephen Donaldson - P			Treasurer Name Stephen Donaldson - P		
Street Address One Regency Plaza			Street Address One Regency Plaza		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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 Stephen Donaldson - Pressman					Date 12.05.2017
Signature of Authorized Representative Stephen Donaldson - P					FILED

DEC 05 2017

MAIL TO:

Division of Business Services

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BY 319094

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FORM 630 - Revised: 08/2017