



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

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP
 JAN 31 2018

BY 11299
 STATE
 JUDY
 JUDY

1. Entity ID Number 000091707	2. Exact name of the Corporation Progressive Learning Center for Children, Inc.
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3. Principal Office Address 189 Tollgate Road	City Warwick	State RI	Zip 02886
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4. NAICS Code 624410	6. Brief description of the character of business conducted in Rhode Island Child Care Center
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ann Marie Parrillo			Vice-President Name		
Street Address 112 Achilles Way			Street Address		
City North Attleboro	State MA	Zip 02763	City	State	Zip
Secretary Name Ann Marie Parrillo			Treasurer Name Ann Marie Parrillo		
Street Address 112 Achilles Way			Street Address 112 Achilles Way		
City North Attleboro	State MA	Zip 02763	City North Attleboro	State MA	Zip 02763

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ann Marie Parrillo			Director Name		
Street Address 112 Achilles Way			Street Address		
City North Attleboro	State MA	Zip 02763	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	CNP	0

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 Ann Marie Parrillo	Date 1/19/18
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Signature of Authorized Representative <i>Ann Marie Parrillo</i> SIGN DOCUMENT HERE
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040