



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 21 2018

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.

BY

S504
2018

1. Entity ID Number 146965		2. Exact name of the Corporation Harmony Child Care & Learning Center, Inc.												
3. Principal Office Address 185 Putnam Pike Ste 10			City Chepacet		State RI									
					Zip 02814									
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island Operation of a child care and learning center for children												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>														
President Name Shana L. Grenga			Vice-President Name None											
Street Address 44 Hazelwood Road			Street Address											
City North Scituate	State RI	Zip 02857	City	State	Zip									
Secretary Name Shana L. Grenga			Treasurer Name Shana L. Grenga											
Street Address 44 Hazelwood Road			Street Address 44 Hazelwood Road											
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No par value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	No par value												
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 Shana L. Grenga					Date 2/5/18									
Signature of Authorized Representative <i>Shana Grenga</i>					SIGN DOCUMENT HERE									