



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

**FILED**

FEB 21 2018  
 ST. J. P.

**Annual Report for the year: 2018**  
**Corporation**

BY 5504  
[Signature]

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

MAIL TO:  
 Division of Business Services  
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 Phone: (401) 222-3040  
 Website: www.sos.ri.gov