



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.

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SECRETARY OF STATE
CORPORATIONS DIV

STAMP

2018 FEB 28 PM 2:37

1. Entity ID Number 123456		2. Exact name of the Corporation LOVE 4 ALL CHILD CARE CENTER INC			
3. Principal Office Address 162 METCALF ST			City PROVIDENCE	State RI	Zip 02904
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island DAY CARE FACILITY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ZIAD KHALIL			Vice-President Name MAYRA KHALIL		
Street Address 241 GALLATIN ST			Street Address 241 GALLATIN ST		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Secretary Name MAYRA KHALIL			Treasurer Name MAYRA KHALIL		
Street Address 241 GALLATIN ST			Street Address 241 GALLATIN ST		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name ZIAD KHALIL			Director Name MAYRA KHALIL		
Street Address 241 GALLATIN ST			Street Address 241 GALLATIN ST		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
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 ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50		NPV
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 MAYRA KHALIL				Date 02/21/2018	
Signature of Authorized Representative <i>Mayra Khalil</i>				SIGN DOCUMENT HERE	

FILED

FEB 28 2018

BY

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: 10/2017