State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 28 PM 2:37

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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.

1. Entity ID Number	2. Exact name of the Corporation
123456	LOVE 4 ALL CHILD CARE CENTER INC

3. Principal Office Address	City	State	Zip
162 METCALF ST	PROVIDENCE	RI	02904

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
624410	DAY CARE FACILITY
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
ZIAD KHALIL	241 GALLATIN ST	PROVIDENCE	RI	02907

Vice-President Name	Street Address	City	State	Zip
MAYRA KHALIL	241 GALLATIN ST	PROVIDENCE	RI	02907

Secretary Name	Street Address	City	State	Zip
MAYRA KHALIL	241 GALLATIN ST	PROVIDENCE	RI	02907

Treasurer Name	Street Address	City	State	Zip
MAYRA KHALIL	241 GALLATIN ST	PROVIDENCE	RI	02907

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
ZIAD KHALIL	241 GALLATIN ST	PROVIDENCE	RI	02907

Director Name	Street Address	City	State	Zip
MAYRA KHALIL	241 GALLATIN ST	PROVIDENCE	RI	02907

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

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	Date
MAYRA KHALIL	02/21/2018

Signature of Authorized Representative: Mayra Khalil — SIGN DOCUMENT HERE

FILED
FEB 28 2018
BY 325531

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