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

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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
000614460	DREAMLAND LEARNING CENTER INC

3. Principal Office Address	City	State	Zip
110 PULASKI STREET	WEST WARWICK	RI	02893

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
624410	DAYCARE CENTER
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
HUSNI KHALIL	2660 DIAMOND HILL RD	CUMBERLAND	RI	02864

Vice-President Name	Street Address	City	State	Zip
ABIR KHALIL	2660 DIAMOND HILL RD	CUMBERLAND	RI	02864

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

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

Director Name	Street Address	City	State	Zip
HUSNI KHALIL	2660 DIAMOND HILL RD	CUMBERLAND	RI	02864

Director Name	Street Address	City	State	Zip
ABIR KHALIL	2660 DIAMOND HILL RD	CUMBERLAND	RI	02864

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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
1000.00	STK	.0100

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
HUSNI KHALIL	02/28/2018

Signature of Authorized Representative: Husni Khalil

FILED
FEB 28 2018
BY 223255546

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