



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVAnnual 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.

2018 MAR -2 PM 3:45

1. Entity ID Number <u>110797</u>		2. Exact name of the Corporation <u>Angel Care Montessori, Ltd.</u>			
3. Principal Office Address <u>150 Waterman Street</u>		<u>Floor One</u>		City <u>Providence</u>	State <u>RI</u>
4. NAICS Code <u>611110</u>		6. Brief description of the character of business conducted in Rhode Island <u>to own and operate Montessori Schools</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Catherine Valenti</u>			Vice-President Name		
Street Address <u>150 Waterman St</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	City	State	Zip
Secretary Name <u>Josette Blaauwger</u>			Treasurer Name <u>Mardo Atoyan</u>		
Street Address <u>134 Macoun Dr.</u>			Street Address <u>150 Waterman St.</u>		
City <u>Clifton Park</u>	State <u>NY</u>	Zip <u>12065</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Catherine Valenti</u>			Director Name <u>Mardo Atoyan</u>		
Street Address <u>150 Waterman Street</u>			Street Address <u>150 Waterman St.</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<u>100</u>	<u>Common</u>	<u>\$.01 par value</u>
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 <u>Catherine Valenti</u>					Date <u>3.2.18</u>
Signature of Authorized Representative					

SIGN DOCUMENT HERE

FILED

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