State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

RECEIVED SECRETARY OF STATE 1917 CORPORATIONS DIV

2018 MAR -2 PM 3: 45

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

Perfaity. Additional \$25.00 fe	e ir form is not fil	ea by April 1.					
Entity ID Number	2. Exact name of	the Corporation		1			
110797	Ange	1 Care	Mon	tessori,	Ltd.		
3. Principal Office Address		FloorOne	City	-	State	Zip	
150 Waterman Street Providence B7 02906							
NAICS Code 6. Brief description of the character of business conducted in Rhode Island							
6/11/10 to own and operate Montessor, Schools							
5. State of Incorporation							
19 1	<u></u>						
7. List ALL officers (names and addresses) President Name			Check the box to indicate an attachment Check the box to indicate an a				
Catherine Valenti			Vice-President Name				
Street Address 150 Waterman St			Street Address				
City	State	Zip	City		State	Zip	
Providence	RZ	02906			Sibile		
Secretary Name Dose + Te Blaguboer			Treasurer Name Narco Atovan				
Street Address Macoun Dr.			Street Address Vaterman St.				
City Clifton Park State NY 12065			City DCA	vidence.	State	Z 21p 790 6	
8. List ALL directors (names and ad	dresses)	17200	110	Chack Chack	the boy to in		
8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name							
Catherine Valenti			Marco Htoyan				
Street Address 150 Waterman Street			Street Address 150 Waterman St.				
City Providence	State RZ	02906	City Pro	v. dence	State 3	7 2ip 2906	
Director Name Dir				1		- 10 ~ 70 0	
Street Address			Street Address				
		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
City	State	Zip	City		State	Zip	
9. Shares Authorized 10. Shares I		10 Shares Issued	ued Check the box to indicate an attachment				
This Information is currently of record in the		NUMBER OF SH	ARES	CLASS/SERIES		PAR VALUE	
Department of State. Changes require an additional filing.		100		Commo	n	9.01 par vulu	
		700	_	Contrib	' 	Of par value	
11. This report must be executed or	hehalf of the cor	oration by an auth	asiand conce	antaki in 16 Abra anana	1-1-1-1-1-1	- t	
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							
Cytherine Valenti				3,2.18			
Signature of Authorized Representative							
SIGN DOCUMENT HERE FILED							
							

MAIL TO: \

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 0 2 2018 1CM

FORM 630 - Revised: 10/2017