



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**

## Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

|                                                                                                                                                                                                             |                 |                                                                                                     |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><b>875149</b>                                                                                                                                                                        |                 | 2. Exact name of the Limited Liability Company<br><b>Kids In Harmony Family Home Child Care LLC</b> |                    |
| 3. NAICS Code<br><b>812990</b>                                                                                                                                                                              |                 | 4. Brief description of the character of business conducted in Rhode Island<br><b>Child Care</b>    |                    |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |                 |                                                                                                     |                    |
| 6. Principal Office Address<br><b>12 Ramble Road</b>                                                                                                                                                        |                 | City<br><b>North Scituate</b>                                                                       | State<br><b>RI</b> |
|                                                                                                                                                                                                             |                 | Zip<br><b>02857</b>                                                                                 |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                 |                                                                                                     |                    |
| Contact Name <b>Jenna Mello</b>                                                                                                                                                                             |                 | Contact Title <b>Member</b>                                                                         |                    |
| Street Address <b>12 Ramble Road</b>                                                                                                                                                                        |                 | City <b>North Scituate</b>                                                                          | State <b>RI</b>    |
|                                                                                                                                                                                                             |                 | Zip <b>02857</b>                                                                                    |                    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                 |                                                                                                     |                    |
| Manager Name                                                                                                                                                                                                |                 | Manager Name                                                                                        |                    |
| Street Address                                                                                                                                                                                              |                 | Street Address                                                                                      |                    |
| City <b>North Scituate</b>                                                                                                                                                                                  | State <b>RI</b> | City                                                                                                | Zip                |
| Manager Name                                                                                                                                                                                                |                 | Manager Name                                                                                        |                    |
| Street Address                                                                                                                                                                                              |                 | Street Address                                                                                      |                    |
| City                                                                                                                                                                                                        | State           | City                                                                                                | Zip                |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |                 |                                                                                                     |                    |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |                 |                                                                                                     |                    |
| <i>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.</i> |                 |                                                                                                     |                    |
| Name of Authorized Person<br><b>Jenna Mello</b>                                                                                                                                                             |                 | Date<br><b>10/4/18</b>                                                                              |                    |
| Signature of Authorized Person<br><i>Jenna Mello</i>                                                                                                                                                        |                 | SIGN DOCUMENT HERE                                                                                  |                    |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

OCT 31 2018

BY

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