	State of Rhode Island and Pro Office of the Secret		ns Fee: \$50.00
	Division Of Busines	s Services	
	148 W. River S		
	Providence RI 029 (401) 222-30		
HOPE	(401) 222-30	40	
Limited Liability Com	npany		
Annual Report Filing Period: September 1	- November 1		
	. 7-16-66(d), each limited liability corr in thirty (30) days after the time prese		-
16-66(b&c)) is subject to a			
ANNUAL REPORT YEAR:	: <u>2018</u>		
1. ID No. <u>00167845</u>	7		
2. Exact Name of the Li	mited Liability Company Cantalo	upe Kids, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
	Code that best describes the primary e information on <u>NAICS</u> can be found	-	the entity. Download
<u>624410</u>			
	e Character of the Business Whic	h is Actually Conducte	ed in Rhode Island
	e Character of the Business Whic	h is Actually Conducte	ed in Rhode Island
4. Brief Description of th	ne Character of the Business Whic		ed in Rhode Island
4. Brief Description of th	R (6 WEEKS OLD TO 5 YEARS		ed in Rhode Island
4. Brief Description of th <u>CHILD CARE CENTER</u> 5. Principal Office Addre	R (6 WEEKS OLD TO 5 YEARS		ed in Rhode Island
4. Brief Description of th <u>CHILD CARE CENTER</u> 5. Principal Office Addre No. and Street: <u>48</u>	R (6 WEEKS OLD TO 5 YEARS ess B TOLL GATE RD	OLD)	
4. Brief Description of th <u>CHILD CARE CENTER 5. Principal Office Addre No. and Street: 48 City or Town: <u>W</u> </u>	R (6 WEEKS OLD TO 5 YEARS ess 3 TOLL GATE RD ARWICK State:	<u>OLD)</u> <u>RI</u> Zip: <u>02886</u>	Country: <u>US</u>
4. Brief Description of th <u>CHILD CARE CENTER</u> 5. Principal Office Addre No. and Street: <u>48</u> City or Town: <u>W</u>	R (6 WEEKS OLD TO 5 YEARS ess B TOLL GATE RD	<u>OLD)</u> <u>RI</u> Zip: <u>02886</u>	Country: <u>US</u>
4. Brief Description of the <u>CHILD CARE CENTER</u> 5. Principal Office Addres No. and Street: 48 City or Town: W 6. Mailing Address of Line Contact Name: ALYSON	R (6 WEEKS OLD TO 5 YEARS ess 3 TOLL GATE RD ARWICK State: mited Liability Company and Nam N MCMAHON Contact Title: OWNE	<u>OLD)</u> <u>RI</u> Zip: <u>02886</u>	Country: <u>US</u>
4. Brief Description of the CHILD CARE CENTER 5. Principal Office Addree No. and Street: 48 City or Town: W 6. Mailing Address of Line Contact Name: <u>ALYSON</u> No. and Street: 48 T	R (6 WEEKS OLD TO 5 YEARS ess <u>3 TOLL GATE RD</u> <u>ARWICK</u> State: mited Liability Company and Nam <u>N MCMAHON</u> Contact Title: <u>OWNE</u> <u>TOLL GATE ROAD</u>	OLD) <u>RI</u> Zip: <u>02886</u> e or Title of Contact P <u>R AND DIRECTOR</u>	Country: <u>US</u> erson:
4. Brief Description of the CHILD CARE CENTER 5. Principal Office Addres No. and Street: 48 City or Town: W 6. Mailing Address of Lite No. and Street: 48.7 Contact Name: ALYSON No. and Street: 48.7 City or Town: WAI	R (6 WEEKS OLD TO 5 YEARS PSS B TOLL GATE RD VARWICK State: mited Liability Company and Name N MCMAHON Contact Title: OWNE FOLL GATE ROAD State RWICK State	OLD) <u>RI</u> Zip: <u>02886</u> e or Title of Contact P R AND DIRECTOR e: <u>RI</u> Zip: <u>02886</u>	Country: <u>US</u> Person: Country: <u>US</u>
4. Brief Description of the CHILD CARE CENTER 5. Principal Office Addres No. and Street: 48 City or Town: W 6. Mailing Address of Lite No. and Street: 48.7 Contact Name: 48.7 No. and Street: 48.7 Work WAL	R (6 WEEKS OLD TO 5 YEARS ess B TOLL GATE RD ARWICK State: mited Liability Company and Nam MCMAHON Contact Title: OWNE OLL GATE ROAD RWICK State	OLD) <u>RI</u> Zip: <u>02886</u> e or Title of Contact P R AND DIRECTOR e: <u>RI</u> Zip: <u>02886</u>	Country: <u>US</u> Person: Country: <u>US</u>
4. Brief Description of the CHILD CARE CENTER 5. Principal Office Addres No. and Street: 48 City or Town: W 6. Mailing Address of Line Contact Name: <u>ALYSON</u> No. and Street: 48 T City or Town: WAI 7. Name and Address of	R (6 WEEKS OLD TO 5 YEARS ess B TOLL GATE RD ARWICK State: mited Liability Company and Nam MCMAHON Contact Title: OWNE OLL GATE ROAD RWICK State	OLD) <u>RI</u> Zip: 02886 e or Title of Contact P R AND DIRECTOR e: <u>RI</u> Zip: 02886 bility Company, if App	Country: <u>US</u> Person: Country: <u>US</u>
4. Brief Description of the <u>CHILD CARE CENTER</u> 5. Principal Office Addres No. and Street: 48 City or Town: W 6. Mailing Address of Lin Contact Name: ALYSON No. and Street: 48 T City or Town: WAI 7. Name and Address of DO NOT LIST MEMBE	R (6 WEEKS OLD TO 5 YEARS Pss B TOLL GATE RD ARWICK State: mited Liability Company and Nam N MCMAHON Contact Title: OWNE FOLL GATE ROAD RWICK State f Each Manager of the Limited Lia	OLD) <u>RI</u> Zip: <u>02886</u> e or Title of Contact P <u>R AND DIRECTOR</u> e: <u>RI</u> Zip: <u>02886</u> bility Company, if App Add	Country: <u>US</u> Person: Country: <u>US</u> Dlicable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOANNA M. ACHILLE, ESQ. 1500 NOOSENECK HILL ROAD COVENTRY, RI 02816

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 2 Day of November, 2018 at 10:20:15 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ALYSON MCMAHON

Signature of Authorized Person

Form No. 632 Revised 09/07

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