

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.

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1 Entity ID Number	2 Exact same	of the Limited Lie	shiliby Company			
1. Entity ID Number 98341		2. Exact name of the Limited Liability Company The Learning Place FLC				
	The Learning Place, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
624410	Preschool					
5. State of Formation						
RI						
5. Principal Office Address			City	State	Zip	
21 Terry Lane			Chepachet	RI	02814	
7. Mailing Address of Limited Li	ability Company a	and Name or Title	of Contact Person			
Contact Name Bethany Zimnoch			Contact Title Owner			
Street Address 21 Terry Lane			City Chepachet	State RI	^{Ζiρ} 02814	
8. List ALL managers (names a	nd addresses) of	the Limited Liabi	ility Company, IF APPLICAE	BLE - DO NOT LIST N	MEMBERS	
Manager Name Donald A. Brush			Manager Name			
Street Address PO Box 477			Street Address			
City Harmony	State Ri	Zip 02829	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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9. Resident Agent in Rhode Isla	nd. This informatio	n is currently of rec	ord with the Department of Sta	te. Changes require filin	g Form 642.	
Under penalty of perjury, I des statements, and that all states				g any accompanying	g schedules and	
Name of Authorized Person				Date		
Bethany Zimnoch				12/15/18		
Signature of Authorized Person	S	h /) Zm) 12/	15/16	
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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**

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FORM 632 - Revised: 10/2017