Annual Report for the year:	2017
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	2 Event	a of the Limited to	ability Comment			
98341	2. Exact name of the Limited Liability Company The Learning Place, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
624410	Preschool					
5. State of Formation	7					
RI						
6. Principal Office Address	incipal Office Address			State	Zip	
21 Terry Lane			Chepachet	RI	02814	
7. Mailing Address of Limited L	iability Company	and Name or Title	e of Contact Person	· · · · · · · · · · · · · · · · · · ·		
Contact Name Bethany Zimnoch			Contact Title Owner			
Street Address 21 Terry Lane			City Chepachet	State RI	^{Zip} 02814	
8. List ALL managers (names	and addresses)	of the Limited Liab	ility Company, IF APPLICAE	BLE - DO NOT LIST M	EMBERS	
lanager 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	
				Check the box to in	dicate an attachment	
9. Resident Agent in Rhode Isla	and. This informati	on is currently of rec	ord with the Department of Sta	te. Changes require filing	Form 642.	
Under penalty of perjury, I de statements, and that all state	clare and affirm ments containe	n that I have exan d herein are true	nined this report, including and correct.	g any accompanying	schedules and	
Name of Authorized Person			Date	Date		
Bethany Zimnoch				12/15/18		
Signature of Authorized Person	ahn	J-0	Luu)	12/13	5/18	
					/	

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