



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY _____

1. Entity ID Number 00038638		2. Exact name of the Corporation Happy Hearts Learning Center, Inc.												
3. Principal Office Address 2608 South County Trail			City East Greenwich	State RI	Zip 02818									
4. NAICS Code 624410	6. Brief description of the character of business conducted in Rhode Island A pre-school operating in East Greenwich, RI													
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Pamela S. Noble			Vice-President Name											
Street Address 241 Perkins Street, Unit C-203			Street Address											
City Jamaica Plain	State MA	Zip 02130	City	State	Zip									
Secretary Name Ann M. Millard			Treasurer Name Ann M. Millard											
Street Address 144 Division Street			Street Address 144 Division Street											
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Pamela S. Noble			Director Name											
Street Address 241 Perkins Street, Unit C-203			Street Address											
City Jamaica Plain	State MA	Zip 02130	City	State	Zip									
Director Name Ann M. Millard			Director Name											
Street Address 144 Division Street			Street Address											
City East Greenwich	State RI	Zip 02818	City	State	Zip									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>Common</td> <td>1.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	Common	1.00			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
500	Common	1.00												
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 Ann M. Millard				Date 1/7/19										
Signature of Authorized Representative <div style="display: flex; justify-content: space-between;"> FILED 1/2/19 </div>														

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 24 2019

BY _____

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