



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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.

1. Entity ID Number 146965		2. Exact name of the Corporation Harmony Child Care & Learning Center, Inc.				
3. Principal Office Address 185 Putnam Pike Ste 10			City Chepacet	State RI	Zip 02814	
4. NAICS Code 61 - Educational Services		6. Brief description of the character of business conducted in Rhode Island Operation of a child care and learning center for children				
5. State of Incorporation Rhode Island						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>	
President Name Shana L. Grenga			Vice-President Name None			
Street Address 185 Putnam Pike Ste 10			Street Address			
City Chepacet	State RI	Zip 02814	City	State	Zip	
Secretary Name Shana L. Grenga			Treasurer Name Shana L. Grenga			
Street Address 4185 Putnam Pike Ste 10			Street Address 185 Putnam Pike Ste 10			
City Chepacet	State RI	Zip 02814	City Chepacet	State RI	Zip 02814	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name None			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		100		Common	No par value	
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. <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 Representative Shana L. Grenga				Date 1/11/19		
Signature of Authorized Representative <i>Shana Grenga</i>				FILED 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

JAN 28 2019
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