



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

- 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<br><b>511280</b>  |                    | 2. Exact name of the Corporation<br><b>Romain Inc.</b>  |   |                    |                         |
| 3. Principal Office Address<br><b>36 Greco Lane</b>   |                    |   | City<br><b>Warwick</b>                            | State<br><b>RI</b> | Zip<br><b>02886</b>     |
| 4. NAICS Code<br><b>624410</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Preschool</b>                       |   |                    |                         |
| 5. State of Incorporation<br><b>Rhode Island</b>  |                    |   |   |                    |                         |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                    |                         |
| President Name<br><b>Senorina Jocelyn DaSylva</b>   |                    |   | Vice-President Name                               |                    |                         |
| Street Address<br><b>35 Barbour Drive</b>   |                    |   | Street Address                                    |                    |                         |
| City<br><b>Providence</b>   | State<br><b>RI</b> | Zip<br><b>02906</b>   | City  | State              | Zip                     |
| Secretary Name<br><b>Senorina Jocelyn DaSylva</b>   |                    |   | Treasurer Name<br><b>Senorina Jocelyn DaSylva</b> |                    |                         |
| Street Address<br><b>35 Barbour Drive</b>   |                    |   | Street Address<br><b>35 Barbour Drive</b>         |                    |                         |
| City<br><b>Providence</b>   | State<br><b>RI</b> | Zip<br><b>02906</b>   | City<br><b>Providence</b>                         | State<br><b>RI</b> | Zip<br><b>02906</b>     |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                    |                         |
| Director Name<br><b>Senorina Jocelyn DaSylva</b>  |                    |   | Director Name                                     |                    |                         |
| Street Address<br><b>35 Barbour Drive</b>   |                    |   | Street Address                                    |                    |                         |
| City<br><b>Providence</b>   | State<br><b>RI</b> | Zip<br><b>02906</b>   | City  | State              | Zip                     |
| Director Name   |                    |   | Director Name                                     |                    |                         |
| Street Address  |                    |   | Street Address                                    |                    |                         |
| City  | State              | Zip   | City  | State              | Zip                     |
| 9. Shares Authorized  |                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |   |                    |                         |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    | NUMBER OF SHARES  |   | CLASS/SERIES       | PAR VALUE               |
|   |                    | <b>100</b>  |   | <b>Common</b>      | <b>No Par Value</b>     |
| 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.<br>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<br><b>SENORINA DASYLVA</b>  |                    |   |   |                    | Date<br><b>01/23/19</b> |
| Signature of Authorized Representative<br><br><i>[Handwritten Signature]</i>  |                    |   |   |                    |                         |

SIGN DOCUMENT HERE

**FILED**

**JAN 31 2019**

BY

**11849**

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040