



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.

1. Entity ID Number 000791627		2. Exact name of the Corporation THE LEARNING GARDEN, INC.			
3. Principal Office Address 295 WARWICK NECK AVENUE			City WARWICK	State RI	Zip 02889
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island DAYCARE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RAQUEL FORTUNA			Vice-President Name CARLA KAPLAN		
Street Address 603 WARWICK NECK AVENUE			Street Address 32 LAUREN COURT		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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	.0100
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 CARLA KAPLAN					Date 1-24-19
Signature of Authorized Representative <i>Carla Kaplan</i>					FILED

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

FEB 01 2019
 BY 354 DS **FORM 630 - Revised: 10/2017**