



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 000541460

2. Name of Corporation DR. DAY CARE, INC. IV

3. Street Address Principal Business Office:

No. and Street: C/O 1201 DOUGLAS PIKE
SUITE 4

City or Town: SMITHFIELD

State: RI Zip: 02917 Country: USA

4. Business Phone No.

4017232277

5. State of Incorporation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531120

6. Brief Description of the Character of Business Conducted in Rhode Island

CHILD CARE AND EDUCATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARY ANN SHALLCROSS SMITH	6 TWIN RIVER RD

		LINCOLN, RI 02860 US
TREASURER	RONALD R SMITH	6 TWIN RIVER ROAD LINCOLN, RI 02865 USA
SECRETARY	MARY ANN SHALLCROSS SMITH	6 TWIN RIVER ROAD LINCOLN, RI 02865 USA
VICE PRESIDENT	RONALD R SMITH	6 TWIN RIVER RD LINCOLN, RI 02865 USA
OTHER OFFICER	TRACY CHENEY	C/O 1201 DOUGLAS PIKE, SUITE 4 SMITHFIELD, RI 02917 UNI
DIRECTOR	MARY ANN SHALLCROSS SMITH	6 TWIN RIVER ROAD LINCOLN, RI 02865 USA
DIRECTOR	RONALD R SMITH	6 TWIN RIVER ROAD LINCOLN, RI 02865 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP	VOT	\$0.0000	100.00	0
CNP	NV	\$0.0000	900.00	0

9. 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.

Signed this 15 Day of February, 2019 at 4:01:47 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MARY ANN SHALLCROSS SMITH
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07