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

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SECRETARY OF STATE
CORPORATIONS DIV
2019 FEB 21 PM 12:49

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	2. Exact name of the Corporation			
0000 41345	UP WITH CHILDREN			
3. Principal Office Address		City	State	Zip
240 CRESCENT VIEW AVE		E. PROV	RI	02915
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
611110	DAYCARE			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
ROBERT GOUDREAU			LINDY GOUDREAU		
Street Address			Street Address		
20 KING PHILLIP DR.					
City	State	Zip	City	State	Zip
REHOBOTH	MA	02769	REHOBOTH	MA	02769
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 ☐

Director Name			Director Name		
LINDY GOUDREAU					
Street Address			Street Address		
20 KING PHILLIP DR.					
City	State	Zip	City	State	Zip
REHOBOTH	MA	02769			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		

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	Date
Robert A. Goudreau	2/20/19

Signature of Authorized Representative

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 21 2019
BY DT5E47

FORM 630 - Revised: 10/2017