



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.

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

1. Entity ID Number 0000 41345		2. Exact name of the Corporation UP WITH CHILDREN			
3. Principal Office Address 240 CRESCENT VIEW AVE		City E. PROV		State RI	Zip 02915
4. NAICS Code 61110		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 ROBERT GONDREAU			Vice-President Name LINDY GONDREAU		
Street Address 20 KING PHILLIP DR.			Street Address		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 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 <input type="checkbox"/>					
Director Name LINDY GONDREAU			Director Name		
Street Address 20 KING PHILLIP DR.			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
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 <input type="checkbox"/>		
			NUMBER OF SHARES 100		
			CLASS/SERIES		
			PAR VA: UF		
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 Robert Gondreau					Date 2/20/19
Signature of Authorized Representative					

FILED

FEB 21 2019
BY **PT5E47**