



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.

FILED
FEB 26 2019
BY 29310

| | | | | | |
|---|--------------------|--|------------------------------------|--------------------|--|
| 1. Entity ID Number 165079 | | 2. Exact name of the Corporation A CHILD'S VIEW, INC. | | | |
| 3. Principal Office Address 1735 MINERAL SPRING AVENUE | | | City NORTH PROVIDENCE | State RI | Zip 02904 |
| 4. NAICS Code 624410 | | 6. Brief description of the character of business conducted in Rhode Island DAY CARE | | | |
| 5. State of Incorporation RHODE ISLAND | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name MARIANNA FEOLA | | | Vice-President Name SAME | | |
| Street Address 13 WATERVIEW LAND | | | Street Address | | |
| City NORTH PROVIDENCE | State RI | Zip 0204 | City | State | Zip |
| Secretary Name SAME | | | Treasurer Name SAME | | |
| 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 | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | 2000 | COMMON | \$0.01 | |
| 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 MARIANNA FEOLA | | | | | Date 1-3-19 |
| Signature of Authorized Representative <i>Marianna Feola</i> | | | | | SIGN DOCUMENT HERE |