

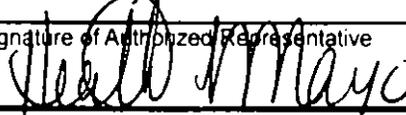


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

- Filing period: January, 1st - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
MAR 13 2019
BY 157096 DS

1. Entity ID Number 86437		2. Exact name of the Corporation SWEET PEAS VILLAGE, INC.			
3. Principal Office Address 836 Middle Road			City East Greenwich	State RI	Zip 02818
4. NAICS Code 024410		6. Brief description of the character of business conducted in Rhode Island The operation of a daycare center for minor children.			
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 Heather L. Mayo			Vice-President Name Heather L. Mayo		
Street Address 237 Walmsley Lane			Street Address 237 Walmsley Lane		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Secretary Name Heather L. Mayo			Treasurer Name Mark Masiello		
Street Address 237 Walmsley Lane			Street Address 26 Cooke Street		
City Saunderstown	State	Zip 02874	City Providence	State RI	Zip 02906
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
			600		Common
					PAR VALUE
					No Par Value
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. <i>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.</i>					
Name of Authorized Representative Heather L. Mayo					Date 1.23.19
Signature of Authorized Representative 					SCAN DOCUMENT HERE