



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.

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SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number <u>64818</u>		2. Exact name of the Corporation <u>Future Scholars Preschool, Inc.</u>	
3. Principal Office Address <u>1142 Stafford Rd.</u>		City <u>Tiverton</u>	State <u>RI</u>
4. NAICS Code <u>624410</u>		6. Brief description of the character of business conducted in Rhode Island <u>Qualified Day Care / Preschool</u>	
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>John S. Ekersly</u>		Vice-President Name <u>Christine Ekersly</u>	
Street Address <u>30 Timber Ridge Rd.</u>		Street Address <u>19 Niles Rd.</u>	
City <u>Pawtucket</u>	State <u>CT</u>	City <u>Mystic</u>	State <u>CT</u>
Zip <u>06379</u>		Zip <u>06355</u>	
Secretary Name <u>Christine Ekersly</u>		Treasurer Name <u>Christine Ekersly</u>	
Street Address <u>same as above</u>		Street Address <u>same as above</u>	
City	State	City	State
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Christine Ekersly</u>		Director Name <u>John S. Ekersly</u>	
Street Address <u>same as above</u>		Street Address <u>same as above</u>	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
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 <u>100</u>	CLASS/SERIES <u>Common</u>
			PAR VALUE <u>None</u>
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 <u>Henny Taylor, EA.</u>		Date <u>3/1/19</u>	
Signature of Authorized Representative <u>[Signature]</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017