



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

STAMP

FOR
SECRETARY OF STATE
USE ONLY

2019 MAR 27 PM 1:49

1. Entity ID Number 000614460		2. Exact name of the Corporation DREAMLAND LEARNING CENTER INC			
3. Principal Office Address 110 PULASKI STREET		City WEST WARWICK		State RI	Zip 02893
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island DAYCARE CENTER			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name HUSNI KHALIL			Vice-President Name ABIR KHALIL		
Street Address 2660 DIAMOND HILL RD			Street Address 2660 DIAMOND HILL RD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
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 HUSNI KHALIL			Director Name ABIR KHALIL		
Street Address 2660 DIAMOND HILL RD			Street Address 2660 DIAMOND HILL RD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
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		
			1000.00 STK .0100		
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 HUSNI KHALIL					Date
Signature of Authorized Representative <i>Husni Khalil</i>					

FILED
SIGN DOCUMENT HERE

MAR 27 2019

F 4018

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017