



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

Annual Report for the year: 2019
Corporation

AMENDED

STAMP

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

1. Entity ID Number 000084915		2. Exact name of the Corporation Hamlet Learning Center, Inc.			
3. Principal Office Address 73 Hamlet Avenue			City Woonsocket	State RI	Zip 02895
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island To provide day care services and early learning center.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment
President Name Katherine M. Sudol			Vice-President Name		
Street Address 73 Hamlet Avenue			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Secretary Name Katherine M. Sudol			Treasurer Name Katherine M. Sudol		
Street Address 73 Hamlet Avenue			Street Address 73 Hamlet Avenue		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses)					Check the box to indicate an attachment
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.		NUMBER OF SHARES		C. ASS'N FRIES	
		1,000		CNP	
				PAR VALUE	
				\$0.00	
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 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 Katherine M. Sudol <i>Katherine M. Sudol</i>					Date 2/19/19
Signature of Authorized Representative					

2019 APR 24 11:07 AM
 FILED

FILED
 SIGN DOCUMENT HERE APR 24 2019
 BY A.A.H. 07A.M.



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

April 24, 2019 11:07 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

