



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

2019 APR 24 11:07

**FILED**

SIGN DOCUMENT HERE APR 24 2019

BY A.A.H. 07A.M.