



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014 PH 2:50

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 84424		2. Exact name of the Corporation SING-A-SIGN, INC.			
3. Principal office address 169 EVANS ROAD			City GLOCESTER	State RI	Zip 02814
4. Business Phone No. 401-949-4435 <i>61110</i>			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO PROVIDE EDUCATIONAL AND DAYCARE SERVICES TO YOUNG CHILDREN.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DEBRA J. FONTAINE			Vice-President Name SAME		
Street Address 169 EVANS ROAD			Street Address		
City GLOCESTER	State RI	Zip 02814	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	0

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.

File Date _____
 Check No _____
 By: _____

FILED

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.

Debra J. Fontaine
 Signature of Authorized Representative
DEBRA J. FONTAINE
 Print or Type Name of Authorized Representative

02/12/2014
 Date
4-29-19

FOR SECRETARY OF STATE USE ONLY APR 29 2019

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