

<u>RECEIVE</u>0 SECRETARY OF STATE CORPORATIONS DIV

2019 JUN 17 PM 1: 12

Annual Report for the year: 20/8Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number 2. Exact name of the Limited Liability Company					
509375 Paintbox Breschool LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
6(	It is a pre-school For  3,4 and 5 yr old children  City State 2ip DZ864				
5. State of Formation					
KI 3,4 and 3 yr old children					
6. Principal Office Address			City	State	Zip
				1(1	02867
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jeene Waxgisco			Contact Title Surver / director		
321 Itigh St			city Comberland	State RI	Zip 02864
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person Date					
Mane Whan 6/17/19					
Signature of Authorized Person					
VCINAL LIUXVIOR					

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 17 2019 | 1 12

BY OL EZAKY