



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2020  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2019 DEC -2 AM 8:54

1. Entity ID Number <b>804532</b>		2. Exact name of the Corporation <b>EL BEBE DAYCARE CENTER</b>			
3. Principal Office Address <b>1396 Broad St</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	
4. NAICS Code <b>624410</b>		6. Brief description of the character of business conducted in Rhode Island <b>DAYCARE</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>LUIS BRICENO</b>		Vice-President Name			
Street Address <b>1396 Broad St</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>			
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip			
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>LUIS BRICENO</b>		Director Name			
Street Address <b>same</b>		Street Address			
City	State	Zip			
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip			
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</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 or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>					
Name of Authorized Representative				Date <b>11/2/19</b>	
Signature of Authorized Representative 					

SIGN DOCUMENT FILED

DEC 02 2019

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BY RQH GAC