



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

Annual Report for the year: 2018
 Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

2019 DEC -2 AM 8:55

- 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 304532		2. Exact name of the Corporation EL BEBE DAYCARE CENTER			
3. Principal Office Address 1396 Broad St		City Providence	State RI	Zip 02905	
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island DAYCARE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LUIS BRICENO		Vice-President Name			
Street Address 1396 Broad St		Street Address			
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LUIS BRICENO		Director Name			
Street Address same		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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100			
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. 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					Date 11/2/19
Signature of Authorized Representative					

SIGN DOCUMENT HERE

FILED

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BY AC QHGAC

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