



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.

FILED

JAN 13 2020

BY

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1. Entity ID Number 00936543		2. Exact name of the Corporation Happy Learning Day Care, Inc.												
3. Principal Office Address 32 Annie Street			City Providence		State RI									
					Zip 02908									
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island Day Care												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Darnetta Kelly			Vice-President Name Darnetta Kelly											
Street Address 32 Annie Street			Street Address 32 Annie Street											
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908									
Secretary Name Darnetta Kelly			Treasurer Name Darnetta Kelly											
Street Address 32 Annie Street			Street Address 32 Annie Street											
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Darnetta Kelly			Director Name											
Street Address 32 Annie Street			Street Address											
City Providence	State RI	Zip 02908	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>STK</td> <td>\$1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	STK	\$1.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	STK	\$1.00												
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 Darnetta Kelly				Date 1/9/2020										
Signature of Authorized Representative <i>Darnetta Kelly</i>				SIGN DOCUMENT HERE										

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov