



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

FEB 05 2020

12425

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 511280		2. Exact name of the Corporation Romain Inc.			
3. Principal Office Address 36 Greco Lane			City Warwick	State RI	Zip 02886
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island Preschool			
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 Senorina Jocelyn DaSylva			Vice-President Name		
Street Address 35 Barbour Drive			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Senorina Jocelyn DaSylva			Treasurer Name Senorina Jocelyn DaSylva		
Street Address 35 Barbour Drive			Street Address 35 Barbour Drive		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Senorina Jocelyn DaSylva			Director Name		
Street Address 35 Barbour Drive			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE No Par Value	
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 SENORINA JOSELINE DASYLVA					Date 01/28/20
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					