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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.

1. Entity ID Number	2. Exact name of the Corporation
1699840	The Giving Tree Academy of RI, Inc.

3. Principal Office Address	City	State	Zip
1355 Scituate Avenue	Cranston	RI	02921

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
624410	Children's daycare and any other lawful business.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Shayna T. Cimarelli	Daniello M. Cimarelli
Street Address: 1355 Scituate Avenue	Street Address: 1355 Scitutate Avenue
City: Cranston, State: RI, Zip: 02921	City: Cranston, State: RI, Zip: 02921
Secretary Name: Shayna T. Cimarelli	Treasurer Name: Daniello M. Cimarelli
Street Address: 1355 Scituate Avenue	Street Address: 1355 Scituate Avenue
City: Cranston, State: RI, Zip: 02921	City: Cranston, State: RI, Zip: 02921

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	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	Date
Shayna T. Cimarelli, President	1/31/2020

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
FEB 21 2020
BY 7019
11:33

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

FORM 630 - Revised: 10/2017