



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

STAMP

FEB 26 2020

BY 831 QS

1. Entity ID Number 144837		2. Exact name of the Corporation Carousel Day Care, Inc.			
3. Principal Office Address 172 Mohawk Trail			City Cranston	State RI	Zip 02921
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island Day Care provider			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patricia L. DeSantis			Vice-President Name Patricia L. DeSantis		
Street Address 172 Mohawk Trail			Street Address 172 Mohawk Trail		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Patricia L. DeSantis			Treasurer Name Patricia L. DeSantis		
Street Address 172 Mohawk Trail			Street Address 172 Mohawk Trail		
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 <input type="checkbox"/>					
Director Name Patricia L. DeSantis			Director Name		
Street Address 172 Mohawk Trail			Street Address		
City Cranston	State RI	Zip 02921	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		PAR VALUE
			100	Common	No Par
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 Patricia L. DeSantis				Date 1/23/2020	
Signature of Authorized Representative <i>Patricia L. DeSantis</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

FORM 630 - Revised: 10/2017