

2020 FEB 27 P 1:48



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

2020

→ 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 <u>000110797</u>		2. Exact name of the Corporation <u>Angel Care Montessori, Ltd</u>			
3. Principal Office Address <u>150 Waterman St.</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
4. NAICS Code <u>611110</u>		6. Brief description of the character of business conducted in Rhode Island <u>To own and operate Montessori Schools</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Catherine Valenti</u>			Vice-President Name		
Street Address <u>150 Waterman St.</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	City	State	Zip
Secretary Name <u>Josette Blauber</u>			Treasurer Name <u>Mardo Atoyan</u>		
Street Address <u>13 A Macoun Dr.</u>			Street Address <u>150 Waterman St</u>		
City <u>Clifton Park</u>	State <u>NY</u>	Zip <u>12065-4561</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Catherine Valenti</u>			Director Name <u>Mardo Atoyan</u>		
Street Address <u>150 Waterman St</u>			Street Address <u>150 Waterman St.</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
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		
			<u>100</u>		
			<u>Common</u>		
			<u>\$.01 per value</u>		
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. <u>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.</u>					
Name of Authorized Representative <u>Catherine Valenti</u>					Date <u>2.27.2020</u>
Signature of Authorized Representative 					

FILED

FEB 27 2020

BY 3yW7X

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov