



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 MAR -6 A 9:17

1. Entity ID Number 793279		2. Exact name of the Corporation OVER THE RAINBOW LEARNING CENTER II, INC.			
3. Principal Office Address 50 NIAHTIC AVENUE			City PROVIDENCE	State RI	Zip 02907
4. NAICS Code 624110		6. Brief description of the character of business conducted in Rhode Island CHILDCARE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MINERVA WALDRON			Vice-President Name FRANCISCA MEREGILDO		
Street Address 1269 PLAINFIELD STREET			Street Address 62 ALVIN STREET		
City JOHNSTON	State RI	Zip 02919	City PROVIDENCE	State RI	Zip 02907
Secretary Name MINERVA WALDRON			Treasurer Name MINERVA WALDRON		
Street Address 1269 PLAINFIELD STREET			Street Address 1269 PLAINFIELD STREET		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MINERVA WALDRON			Director Name		
Street Address 1269 PLAINFIELD STREET			Street Address		
City JOHNSTON	State RI	Zip 02919	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	CNP	0.00
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 MINERVA WALDRON				Date 2/24/2020	
Signature of Authorized Representative 					

SIGN DOCUMENT HERE
FILED

MAR 06 2020

BY **2941**