




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 <b>793279</b>		2. Exact name of the Corporation <b>OVER THE RAINBOW LEARNING CENTER II, INC.</b>			
3. Principal Office Address <b>50 NIAHTIC AVENUE</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>624110</b>	6. Brief description of the character of business conducted in Rhode Island <b>CHILDCARE</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MINERVA WALDRON</b>			Vice-President Name <b>FRANCISCA MEREGILDO</b>		
Street Address <b>1269 PLAINFIELD STREET</b>			Street Address <b>62 ALVIN STREET</b>		
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>MINERVA WALDRON</b>			Treasurer Name <b>MINERVA WALDRON</b>		
Street Address <b>1269 PLAINFIELD STREET</b>			Street Address <b>1269 PLAINFIELD STREET</b>		
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MINERVA WALDRON</b>			Director Name		
Street Address <b>1269 PLAINFIELD STREET</b>			Street Address		
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<b>100</b>	<b>CNP</b>	<b>0.00</b>
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. <i>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.</i>					
Name of Authorized Representative <b>MINERVA WALDRON</b>				Date <b>2/24/2020</b>	
Signature of Authorized Representative 					

SIGN DOCUMENT HERE **FILED**

MAR 06 2020

BY **2941**