



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 158717		2. Exact name of the Corporation OVER THE RAINBOW LEARNING CENTER, INC.			
3. Principal Office Address 1269 PLAINFIELD PIKE		City JOHNSTON		State RI	Zip 02919
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 MINERVA WALDRON		
Street Address 1269 PLAINFIELD STREET			Street Address 1269 PLAINFIELD STREET		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
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 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.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 1000	CLASS/SERIES CNP	PAR VALUE 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 				Date	

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

FILED
SIGN DOCUMENT HERE

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