



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2020
Corporation

2020 APR -1 P 4:30

- 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 001701233		2. Exact name of the Corporation Pasito Kids Learning Center Corporation	
3. Principal Office Address 599 Broad St.		City Providence	State RI
		Zip 02907	
4. NAICS Code 611519	6. Brief description of the character of business conducted in Rhode Island Christian early child care and before and after school program that provide a variety of activities that foster the emotional, physical and spiritual growth of young children in a fun and safe learning environment.		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Sandra E. Lake		Vice-President Name Diandra Mateo Lake	
Street Address 99 First Ave.		Street Address 99 First Ave.	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
Secretary Name Domingo Mateo Ramirez		Treasurer Name	
Street Address 99 First Ave.		Street Address	
City Cranston	State RI	City	State
Zip 02910		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.			
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 Sandra E. Lake			Date 3/30/20
Signature of Authorized Representative Sandra E. Lake			

FILED

APR 01 2020
BY **CW** **CK/140**
4:30