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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVED R.I. DEFT. OF STATE BUS SVCS DIV

Annual Report for the year:

Corporation

2020

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	2. Exact name o	f the Corporation	I	n I	<i>A</i> ~ ~	1	
3. Principal Office Address	1051	10 Kids	earning	Center	COLIDO	ration	
	£ .				State	Zip A D C A C	
599 Bmad 5	C Delet de comit	an af the		dence	<u>                                      </u>	02907	
4. NAICS Code  6. Brief description of the character of business conducted in Rhode Island  Classistic and Astronomy April 20 Program							
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 trn and safe							
5. State of Incorporation	State of Incorporation and Spiciture I amy the of young children in a try and so fee						
RI Tearning environment.							
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name				Vice-President Name			
Street Address				Diandra Mateu Lake.			
99 First Are.			99 First Arl.				
City	State <b>I</b>	Zip	City	ic frag	State	Zip	
Secretary Name	<u> </u>	07910	Treasurer Name	- · · · · · · · · · · · · · · · · · · ·	17	03910	
Domineo Mateo Ramirez							
Street Address			Street Address				
city First Ave	State	Zip	City		Tetata	17in	
c raystry	l'R1	03910	City		State	Zip	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment							
Director Name Di				Director Name			
Street Address			Street Address				
C:b.	16i	·			I.a.	1-	
City	State	Zıp	City		State	Zip	
Director Name				Director Name			
Street Address			Street Address				
City	IState	Tzın	Cibr		Totate	IZio	
Ony	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Issue	d	Check the box to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER OF SI	ARES	CLASS/SERIES			
		i			1		
Changes require an additional filing.							
11. This report must be executed as	n hehalf of the se	moration by an aut	horized represe	antativa If the come	ation is in the	hands of a receiver or	
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 Date							
Sandra E. Lake 3/30/20							
Signature of Authorized Representative							
Sauudon Eu En							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 01 2020

FORM 630 - Revised: 10/2017