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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2020 APR -1 P 4:30

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	2. Exact name of the Corporation			
001701233	Pasito Kids Learning Center Corporation			
3. Principal Office Address		City	State	Zip
599 Broad st.		Providence	RI	02907
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
611519	Christian early childcare 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 enviroment.			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Sandra E. Lake			Diandra Mateo Lake		
Street Address			Street Address		
99 First Ave.			99 First Ave.		
City	State	Zip	City	State	Zip
Cranston	RI	02910	Cranston	RI	02910
Secretary Name			Treasurer Name		
Domingo Mateo Ramirez					
Street Address			Street Address		
99 First Ave.					
City	State	Zip	City	State	Zip
Cranston	RI	02910			

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 ☐		
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	Date
Sandra E. Lake	3/30/20

Signature of Authorized Representative: Sandra E. Lake

FILED
APR 01 2020
BY Ck 140
4:30

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

FORM 630 - Revised: 10/2017