	State of Rhode Office of the Secreta		Fee: \$50.00
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
(401) 222-3040			
Limited Liability Company Annual Report			
Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2020			
1. ID No. <u>001678030</u>			
2. Exact Name of the Limited Liability Company <u>ANCHOR POINT EARLY LEARNING</u> <u>ACADEMY LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>624410</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
EARLY CHILDHOOD EDUCATION / PRESCHOOL			
5. Principal Office Addre	SS		
	GREENVILLE ROAD		_
City or Town: <u>NOR</u>	TH SMITHFIELD Sta	te: <u>RI</u> Zip: <u>02896</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: JOSEPH ATKINS Contact Title: CO-OWNER			
No. and Street:104 GREENVILLE ROADCity or Town:NORTH SMITHFIELDState: RIZip:02896Country: USA			
City or Town: NOR		e: <u>RI</u> Zip: <u>02896</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addr	ess
	First, Middle, Last, Suffix	Address, City or Town, S	tate, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOSEPH L ATKINS II 1746 TARKILN ROAD HARRISVILLE, RI 02830

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 27 Day of October, 2020 at 2:05:40 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>JOSEPH L ATKINS II</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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