



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021

JAN 21 2021

Corporation

BY. 242/PS

- 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 134757		2. Exact name of the Corporation ABOVE AND BEYOND CARE INC			
3. Principal Office Address 6 BELGIUM STREET			City CRANSTON	State RI	Zip 02920
4. NAICS Code 134757		6. Brief description of the character of business conducted in Rhode Island DAY CARE AND ANY OTHER LAWFUL BUSINESS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name ALMERINDA C. AMADIO			Vice-President Name		
Street Address 6 BELGIUM STREET			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		50	A	NO PAR VALUE	
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. <b>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.</b>					
Name of Authorized Representative ALMERINDA C. AMADIO					Date 1-14-2021
Signature of Authorized Representative 					

MAIL TO:  
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