



RI SOS Filing Number: 202190342650 Date: 2/5/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

FEB 05 2021

BY

- 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 82009		2. Exact name of the Corporation Magic Years Childcare Gallery, Inc.									
3. Principal Office Address 2890 POST ROAD			City WARWICK	State RI	Zip 02886						
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island TO CARE FOR AND ASSIST IN THE MAINTENANCE AND SUPERVISION OF CHILDREN WHOSE PARENTS OR GUARDIANS WORK.									
5. State of Incorporation RHODE ISLAND											
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐											
President Name LORI A. WAGNER			Vice-President Name LORI A. WAGNER								
Street Address 2890 POST ROAD			Street Address 2890 POST ROAD								
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886						
Secretary Name LORI A. WAGNER			Treasurer Name LORI A. WAGNER								
Street Address 2890 POST ROAD			Street Address 2890 POST ROAD								
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886						
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 Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued								
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIALS</th> <th>PAR VALUE</th> </tr> <tr> <td>100</td> <td>COMMON</td> <td>\$0.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIALS	PAR VALUE	100	COMMON	\$0.00
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100	COMMON	\$0.00									
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 LORI A. WAGNER				Date 2.2.21							
Signature of Authorized Representative 											

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