State of Rhode Island

# Department of State - Business Services Division

**FILED**

FEB 05 2021

BY 3000

## Annual Report for the year: 2021

## 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 | | | |
|---|---|---|---|---|
| 82009 | Magic Years Childcare Gallery, Inc. | | | |
| 3. Principal Office Address | | City | State | Zip |
| 2890 POST ROAD | | WARWICK | RI | 02886 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 812990 | 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

**This information is currently of record in the Department of State.**

**Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 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: Lori A. Wagner

**MAIL TO:**
**Division of Business Services**
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**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov