



State of Rhode Island

Department of State - Business Services Division

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.

FILED

FEB 18 2021

B-3807 OS

1. Entity ID Number 000530941		2. Exact name of the Corporation Imagination Station Early Learning Center, Inc.			
3. Principal Office Address 6 Borden Avenue		City Johnston		State RI	Zip 02919
4. NAICS Code 611110		6. Brief description of the character of business conducted in Rhode Island To own and operate a childrens' daycare and do all things incidental thereto.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jessica Faiola			Vice-President Name Same as President		
Street Address 6 Borden Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Same as President			Treasurer Name Same as President		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name None			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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			500	CNP	\$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 Jessica Faiola, President					Date 2/12/21
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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