



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.

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1. Entity ID Number 129092		2. Exact name of the Corporation Henderson Learning Center Inc.												
3. Principal Office Address 74 Alton Street			City Cranston	State RI	Zip 02910									
4. NAICS Code 611519	6. Brief description of the character of business conducted in Rhode Island Child Care													
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Lutgarda Henderson			Vice-President Name Maria Spooner											
Street Address 54 Speck Avenue			Street Address 272 Shawomet Avenue											
City Cranston	State RI	Zip 02910	City Warwick	State RI	Zip 02889									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Maria Spooner			Director Name Lutgarda Henderson											
Street Address 272 Shawomet Avenue			Street Address 54 Speck Avenue											
City Warwick	State RI	Zip 02889	City Cranston	State RI	Zip 02910									
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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>STK</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	STK	0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000	STK	0												
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 Maria Spooner				Date 2/16/21										
Signature of Authorized Representative 														

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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