



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 15

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2021 FEB 25 A 8:41

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"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES STK	PAR VALUE 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 					

FILED

FEB 25 2021

BY 1602H 8:45

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov