

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

FEB 26 2021

BY 0453 *02*

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 96654		2. Exact name of the Corporation Kid's Kingdom, Inc.			
3. Principal Office Address 56 Scituate Avenue			City Cranston	State RI	Zip 02921
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island Provides daycare, preschool and after-school services and programs and teaching of kindergarten age children.			
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 Deborah Sullivan			Vice-President Name None		
Street Address 56 Scituate Avenue			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Deborah Sullivan			Treasurer Name Deborah Sullivan		
Street Address 56 Scituate Avenue			Street Address 56 Scituate Avenue		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name No directors			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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			1000	Common	No par value
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. <i>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.</i>					
Name of Authorized Representative Deborah Sullivan, President				Date 2/13/21	
Signature of Authorized Representative 					