RI SOS Filing Number: 202194834520 Date: 3/22/2021 2:53:00 PM

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
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR 22 PM 2:51

1. Entity ID Number	2. Exact name of the Corporation		
86045	Jamestown Early Learning Center, Inc.		
3. Principal Office Address	**City**	**State**	**Zip**
87 North Road	Jamestown	RI	02835
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
624410	Operation of a pre-School and day care center		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Nancy A. Beye	Nancy A. Beye
Street Address: 54 Clinton Avenue	Street Address: 54 Clinton Avenue
City: Jamestown State: RI Zip: 02835	City: Jamestown State: RI Zip: 02835
Secretary Name	**Treasurer Name**
Nancy A. Beye	Nancy A. Beye
Street Address: same as above	Street Address: same as above
City: State: Zip:	City: State: Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Nancy A. Beye	
Street Address: 54 Clinton Ave	Street Address:
City: Jamestown State: RI Zip: 02835	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	No Par

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	Date
Nancy A. Beye	3/18/2021

FILED
MAR 22 2021

Signature of Authorized Representative: Nancy A. Beye

REV. 9K41E 2:53

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

FORM 630 - Revised: 08/2020