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
JUN 14 2021
8849

1. Entity ID Number	2. Exact name of the Corporation
38638	Happy Hearts Learning Center, Inc.

3. Principal Office Address	City	State	Zip
2608 South County Trail	East Greenwich	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
624410	A pre-school operating in East Greenwich, RI
5. State of Incorporation	
Rhode Island	

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

President Name	Vice-President Name
Pamela S. Noble	
Street Address: 241 Perkins Street	Street Address:
City: Jamaica Plain, State: MA, Zip: 02130	City: , State: , Zip:
Secretary Name: Pamela S. Noble	Treasurer Name: Ann M. Millard
Street Address: 241 Perkins Street	Street Address: 144 Division Street
City: Jamaica Plain, State: MA, Zip: 02130	City: East Greenwich, State: RI, Zip: 02818

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

Director Name	Director Name
Pamela S. Noble	Ann M. Millard
Street Address: 241 Perkins Street	Street Address: 144 Division Street
City: Pamela S. Noble, State: MA, Zip: 02130	City: East Greenwich, State: RI, Zip: 02818
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	500	Commin	1.00

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	Date
Ann M. Millard	6/10/21
Signature of Authorized Representative: Ann M. Millard	

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