



State of Rhode Island

Department of State - Business Services Division

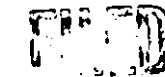
Annual Report for the year: **2021**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.



JUN 14 2021

BBY9

1. Entity ID Number 38638		2. Exact name of the Corporation Happy Hearts Learning Center, Inc.			
3. Principal Office Address 2608 South County Trail			City East Greenwich	State RI	Zip 02818
4. NAICS Code 62410		6. Brief description of the character of business conducted in Rhode Island 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 Pamela S. Noble			Vice-President Name		
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 Pamela S. Noble			Director Name 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 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
			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 Ann M. Millard				Date 6/10/21	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov