



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.

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1. Entity ID Number 000165364		2. Exact name of the Corporation Discovery Years Learning Center, Inc.			
3. Principal Office Address 17 Regalwood Drive			City Coventry	State RI	Zip 02816
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island Childcare			
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 Tracy M Whitten			Vice-President Name Steven D Whitten		
Street Address 17 Regalwood Drive			Street Address 17 Regalwood Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Tracy M Whitten			Treasurer Name Steven D Whitten		
Street Address 17 Regalwood Drive			Street Address 17 Regalwood Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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		PAR VALUE
			CLASS/SERIES		
			6000	STK	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 Steven D Whitten				Date 9/21/2021	
Signature of Authorized Representative 					

FILED ^m

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

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