RI SOS Filing Number: 202212946020 Date: 3/9/2022 4:00:00 PM

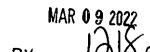


State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2022

Corporation



- → Filing period: January 1 March 1
- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by April 1

<u> </u>	Terraity: Additional \$25.00 fee in form is not liked by April 1.						
Entity ID Number	2. Exact name of the Corporation						
05043 FIRST YEARS LEARNING CENTER, INC.							
3 Principal Office Address	-	<u>-</u> -	City		State	Zip	
1400 Elmwood Avenue			Cranston	<u>,</u>	RI	02910	
4 NAICS Code	Brief description of the character of business conducted in Rhode Island						
624410	Child Care Facility						
5. State of Incorporation							
Rhode Island							
7 List ALL officers (names and addresses) Check the box to indicate an attachment []							
President Name Anne Maria And	Vice-President Name John R. DelBuono						
Street Address 1400 Elmwood Av	Street Address 1400 Elmwood Avenue						
City Cranston	State RI	<sup>Zip</sup> 02910	City Cranston		State RI	<sup>Z<sub>1</sub>p</sup> 02910	
Secretary Name John R. DelBuono			Treasurer Name Anne Maria Andrews				
Street Address 1400 Elmwood Avenue			Street Address 1400 Elmwood Avenue				
City Cranston	Stale RI	<sup>Zıp</sup> 02910	City Cranston		State RI	<sup>Zıp</sup> 02910	
8. List ALL directors (names and	addresses)			Check	k the box to in	ndicate an attachment 🔲	
Director Name None	Director Nami	Director Name None					
Street Address			Street Address				
Слу	State	Zıp	City	<del></del>	State	7 <sub>1</sub> p	
Director Name None			Director Name None				
Street Address			Street Address				
City	State	Zıp	City		State	Ζιρ	
	<u> </u>					<u></u>	
9. Shares Authorized							
This information is currently of record in the Department of State.		200	200		: 5	No Par	
Changes require an additional filir	ıg.						
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							
Anne Maria Andrews 7 MArch, 2022							
Signature of Authorized Representative							
V Gran II. Andrew							

MAK TO: Division of Business Services 148 W. River Street, Providence Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov