



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.

 MAR 09 2022
 BY 1218 DS

1. Entity ID Number 105043		2. Exact name of the Corporation FIRST YEARS LEARNING CENTER, INC.			
3. Principal Office Address 1400 Elmwood Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island Child Care Facility			
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 Anne Maria Andrews			Vice-President Name John R. DelBuono		
Street Address 1400 Elmwood Avenue			Street Address 1400 Elmwood Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name John R. DelBuono			Treasurer Name Anne Maria Andrews		
Street Address 1400 Elmwood Avenue			Street Address 1400 Elmwood Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/STOCKS Common	PAR VALUE 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 Anne Maria Andrews				Date ✓ 7 MARCH 2022	
Signature of Authorized Representative 					

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