State of Rhode Island and Providence Plantations

Department of State - Business Services Division

MAR 09 2022

BY 1218 DS

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.

1. Entity ID Number	2. Exact name of the Corporation
105043	FIRST YEARS LEARNING CENTER, INC.

3. Principal Office Address	City	State	Zip
1400 Elmwood Avenue	Cranston	RI	02910

4. NAICS Code	6. 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 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 ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	200	Common	No Par
Changes require an additional filing.			

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: ✓ Anne M. Andrews

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

FORM 630 - Revised 10/2017