



State of Rhode Island  
**Department of State - Business Services Division**

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

Annual Report for the year: 2022

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000123456</b>		2. Exact name of the Corporation <b>LOVE 4 ALL CHILD CARE CENTER INC</b>			
3. Principal Office Address <b>162 METCALF STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>624410</b>		6. Brief description of the character of business conducted in Rhode Island <b>Child Day Care Services</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ZIAD KHALIL</b>			Vice-President Name <b>MAYRA KHALIL</b>		
Street Address <b>241 GALLATIN AVE</b>			Street Address <b>241 GALLATIN AVE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ZIAD KHALIL</b>			Director Name <b>MAYRA KHALIL</b>		
Street Address <b>241 GALLATIN AVE</b>			Street Address <b>241 GALLATIN AVE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>2907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>STK</b>	<b>0.00</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>MAYRA KHALIL</b>					Date <b>4/19/2022</b>
Signature of Authorized Representative <i>Mayra Khalil</i>					<b>FILED</b>

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

**APR 20 2022**  
 BY **QB JET7G**