



State of Rhode Island

## Department of State - Business Services Division

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.

**RECEIVED STAMP**  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2022 JUL 29 A 10:58

1. Entity ID Number <b>000794571</b>		2. Exact name of the Corporation <b>BAMBINI ACADEMY, INC.</b>			
3. Principal Office Address <b>717 ATWOOD AVENUE</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>624410</b>		6. Brief description of the character of business conducted in Rhode Island <b>DAYCARE &amp; PRESCHOOL FOR AGE 6 WEEKS - 5 YEARS OLD</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>VANESSA C. PARENTE</b>			Vice-President Name		
Street Address <b>14 CARPATHIA ROAD</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>CNP</b>	PAR VALUE <b>0</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.					
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 <b>VANESSA C. PARENTE</b>					Date <b>7/27/2022</b>
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

FILED

## 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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BY

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FORM 630 - Revised: 11/2021