



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2022 JUL 29 A 10:58

1. Entity ID Number 000794571		2. Exact name of the Corporation BAMBINI ACADEMY, INC.			
3. Principal Office Address 717 ATWOOD AVENUE		City CRANSTON		State RI	Zip 02920
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island DAYCARE & PRESCHOOL FOR AGE 6 WEEKS - 5 YEARS OLD			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name VANESSA C. PARENTE			Vice-President Name		
Street Address 14 CARPATHIA ROAD			Street Address		
City CRANSTON	State RI	Zip 02920	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 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		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		1000	CNP	0	
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 VANESSA C. PARENTE				Date 7/27/2022	
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.govJUL 29 2022
BY *[Handwritten Signature]*

FORM 630 - Revised: 11/2021