



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 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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 BUS SVCS DIV

2022 NOV 30 AM 10:39

1. Entity ID Number 583149		2. Exact name of the Corporation Emmas Home Daycare Inc.	
3. Principal Office Address 25 Regent Ave.		City Providence	State RI
		Zip 02908	
4. NAICS Code 624110	6. Brief description of the character of business conducted in Rhode Island Day Care		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Emma Villa		Vice-President Name Guadalupe Pineda	
Street Address 25 Regent Ave.		Street Address 11 Cooper St.	
City Providence	State RI	City North Providence	State RI
Zip 02908		Zip 02908	
Secretary Name Esteban Ortiz		Treasurer Name Madelin Ortiz	
Street Address 25 Regent Ave		Street Address 25 Regent Ave Providence	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES	CLASS/SERIES
		100	STK
			PAR VALUE
		0.01	
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 Emma Villa		Date 11-30-2022	
Signature of Authorized Representative <i>Emma Villa</i>		FILED 1042 NOV 30 2022 BY MS TAZC	

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