



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2020  
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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RI DEPT OF STATE  
BUS SVCS DIV

2022 NOV 30 A 10:38

1. Entity ID Number <b>583149</b>		2. Exact name of the Corporation <b>Emma's Home Day care Inc.</b>			
3. Principal Office Address <b>25 Regent Ave.</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
4. NAICS Code <b>624110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Day Care</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>Emma Villa</b>			Vice-President Name <b>Guadalupe Orta</b>		
Street Address <b>25 Regent Ave.</b>			Street Address <b>11 Cooper St.</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b></b>
Secretary Name <b>Esteban Ortiz</b>			Treasurer Name <b>Madelin Ortiz</b>		
Street Address <b>25 Regent Ave</b>			Street Address <b>25 Regent Ave Providence</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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		PAR VALUE
			<b>100</b>	<b>STK</b>	<b>0.01</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>Emma Villa</b>				Date <b>11-30-2022</b>	
Signature of Authorized Representative <i>Emma Villa</i>					

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

FILED  
NOV 30 2022  
BY MS 27AZC