



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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R.I. DEPT. OF STATE
BUS SVCS DIV

2022 NOV 30 A 10:38

1. Entity ID Number 583149		2. Exact name of the Corporation Emma's Home Day care Inc.			
3. Principal Office Address 25 Regent Ave.			City Providence	State RI	Zip 02908
4. NAICS Code 624410		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 Orta		
Street Address 25 Regent Ave.			Street Address 11 Cooper St.		
City Providence	State RI	Zip 02908	City North Providence	State RI	Zip
Secretary Name Esteban Ortiz			Treasurer Name Madelin Ortiz		
Street Address 25 Regent Ave			Street Address 25 Regent Ave Providence		
City Providence	State RI	Zip 02908	City Providence	State RI	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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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		PAR VALUE
			100	STK	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>					

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