



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
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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|   |                    |   |  |                           |  |
|---|--------------------|---|--|---------------------------|--|
| 1. Entity ID Number<br><u>001710413</u>   |                    | 2. Exact name of the Corporation<br><u>JY Home Day Care Corporation</u>                                   |  |                           |  |
| 3. Principal Office Address<br><u>72 Ashmont St Apt 1</u>   |                    | City<br><u>Providence</u>   |  | State<br><u>RI</u>        | Zip<br><u>02905</u>  |
| 4. NAICS Code<br><u>624410</u>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><u>child care provider</u> |  |                           |  |
| 5. State of Incorporation<br><u>RI</u>  |                    |   |  |                           |  |
| 7. List ALL officers (names and addresses)  |                    |   |  |                           | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br><u>Dionicia Reynoso</u>   |                    |   | Vice-President Name  |                           |  |
| Street Address<br><u>72 Ashmont St Apt 1</u>  |                    |   | Street Address   |                           |  |
| City<br><u>Providence</u>   | State<br><u>RI</u> | Zip<br><u>02905</u>   | 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.   |                    |   | Check the box to indicate an attachment <input type="checkbox"/> |                           |  |
| Changes require an additional filing.   |                    |   | NUMBER OF SHARES<br><u>0</u>                                     | CLASS/SERIES<br><u>00</u> | PAR VALUE<br><u>0.1</u>  |
| 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<br><u>JY Home Care Corporation</u>  |                    |   |  |                           | Date<br><u>1-13-2023</u>   |
| Signature of Authorized Representative<br><u>Dionicia Reynoso</u>   |                    |   |  |                           | FILED  |

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

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