



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.

FILED

JAN 31 2023

BY 5630

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1. Entity ID Number 509619		2. Exact name of the Corporation KIDS JUNCTION, INC.			
3. Principal Office Address 406 Maple Avenue		City Barrington		State RI	Zip 02806
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island Child Daycare			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Julie L. Bianco		Vice-President Name Julie L. Bianco			
Street Address 406 Maple Avenue		Street Address 406 Maple Avenue			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Julie L. Bianco		Treasurer Name Julie L. Bianco			
Street Address 406 Maple Avenue		Street Address 406 Maple Avenue			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Julie L. Bianco		Director Name None			
Street Address 406 Maple Avenue		Street Address			
City Barrington	State RI	Zip 02806	City	State	Zip
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 50	CLASS/SERIES Common	PAR VALUE No Par Value	
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 Julie L. Bianco				Date 1/17/2023	
Signature of Authorized Representative <i>Julie L. Bianco</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021