

Department of State - Business Services Division

Limited Liability Company

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED OLL DEPT. OF STATE PUS SYCO CLA

1013 FEB 20 ₱ 3: 20

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001724614	Small Wonders Davigre ELC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
1024410 5. State of Formation	Daycare (
RI				
6. Principal Office Address		City	State	Zip
182 Soyles Ave		Butucket	RI	02860
7. Mailing Address of Limited Li	ability Company and Name			
Contact Name Shantel Craig		Contact Title OUNT		
Street Address 40 West cole St		City Paut	State	Zip 02860
8. The Resident Agent informati	on currently of record with	the RI Department of State is accur	ate. Changes requir	e filing Form 642.
Under penalty of perjury, I de statements, and that all state	clare and affirm that I have	ve examined this report, including	any accompanyin	g schedules and
Name of Authorized Person			Date	
Shankel Craig			1/27/2023	
Signature of Authorized Person	ug			

FILED

FEB 20 2023

3:10DF

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov