



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
FEB 27 2023
BY 4497
OS
STAMP

1. Entity ID Number 853503		2. Exact name of the Corporation The Sensational Child, Inc.			
3. Principal Office Address 650 Ten Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Urological and medical supplies			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel McGregor			Vice-President Name Mary R. McGregor		
Street Address 4 Cliff Ave			Street Address 4 Cliff Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Mary R. McGregor			Treasurer Name Daniel McGregor		
Street Address 4 Cliff Ave			Street Address 4 Cliff Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daniel McGregor			Director Name Mary R. McGregor		
Street Address 4 Cliff Ave			Street Address 4 Cliff Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Mary R. McGregor			Director Name		
Street Address 4 Cliff Ave			Street Address		
City Newport	State RI	Zip 02840	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
			CLASS/SERIES		
			1000	Common	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 Daniel McGregor					Date 2/10/23
Signature of Authorized Representative <i>Daniel McGregor</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