



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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 STATE DEPT. OF STATE
 2023 MAR 22 P 3:02

1. Entity ID Number 1699840		2. Exact name of the Corporation The Giving Tree Academy of RI, Inc.			
3. Principal Office Address 1355 Scituate Avenue			City Cranston	State RI	Zip 02921
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island Children's daycare and any other lawful business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Shayna T. Cimarelli			Vice-President Name Daniello M. Cimarelli		
Street Address 1355 Scituate Avenue			Street Address 1355 Scituate Avenue		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Shayna T. Cimarelli			Treasurer Name Daniello M. Cimarelli		
Street Address 1355 Scituate Avenue			Street Address 1355 Scituate Avenue		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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	CLASS/SERIES	PAR VALUE
			100	Common	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 Shayna T. Cimarelli					Date 2/27/2023
Signature of Authorized Representative 					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 22 2023
 BY ML 7853