



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.

RECEIVED
I. DEPT. OF STATE
SOS

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1. Entity ID Number 000144984		2. Exact name of the Corporation The Childrens Village at Oak Harbour Early Learning Center, Inc.			
3. Principal Office Address 567 South County Trail			City Exeter	State RI	Zip 02822
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island Early Learning Center, Child Care			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Louis J. Jendza			Vice-President Name Louis J. Jendza		
Street Address 567 South County Trail			Street Address 567 South County Trail		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Louis J. Jendza			Treasurer Name Louis J. Jendza		
Street Address 567 South County Trail			Street Address 567 South County Trail		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Louis J. Jendza			Director Name		
Street Address 567 South County Trail			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
Director Name			Director Name		
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	CLASS/SERIES	PAR VALUE
			100	STK	\$1,000
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 Louis J. Jendza				Date April 5, 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

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FORM 630 - Revised: 2/2023