



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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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 R.I. DEPT. OF STATE
 BUS SVCS DIV STAMP

2023 APR -6 PM 1:31

1. Entity ID Number 84040		2. Exact name of the Corporation JLK Learners, Inc.			
3. Principal Office Address 950 Phenix Ave			City Cranston	State RI	Zip 02921
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island To provide daycare services and early learning.			
5. State of Incorporation RU					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charlene Barbieri			Vice-President Name Kendra Tanguay		
Street Address 3 Circuit Dr			Street Address 9 Kristin Dr		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02921
Secretary Name Kendra Tanguay			Treasurer Name Charlene Barbieri		
Street Address 9 Kristin Dr			Street Address 3 Circuit Dr		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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	
		100		Common	
				None	
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 Kendra Tanguay					Date 2/3/2023
Signature of Authorized Representative <i>Kendra A. Tanguay</i>					

FILED

APR 06 2023
 BY *YZ CHM*
 A.A. 1:33 PM