



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

JUN 08 2023

BY 1906

DS

1. Entity ID Number 1663406		2. Exact name of the Corporation Baby Delight, Inc.	
3. Principal Office Address 30 Martin Street, Suite 3C		City Cumberland	State RI
		Zip 02864	
4. NAICS Code 423990	6. Brief description of the character of business conducted in Rhode Island Development of juvenile products and any other lawful business activity.		
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 Jason P. Macari		Vice-President Name Jason P. Macari	
Street Address 3100 Diamond Hill Road		Street Address 3100 Diamond Hill Road	
City Cumberland	State RI	Zip 02864	City Cumberland
Secretary Name Jason P. Macari		Treasurer Name Jason P. Macari	
Street Address 3100 Diamond Hill Road		Street Address 3100 Diamond Hill Road	
City Cumberland	State RI	Zip 02864	City Cumberland
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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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	
100,000		Common .01	
100,000		Common .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 Jason P. Macari			Date
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov