



**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year:**  
**Limited Liability Company**

2023

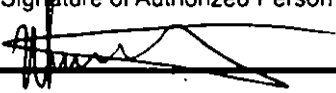
- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**STAMP**

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FOR  
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USE ONLY

2023 SEP 13 P 12:51

1. Entity ID Number <b>001711299</b>		2. Exact name of the Limited Liability Company <b>NERY DAYCARE LLC</b>	
3. NAICS Code <b>624410</b>		4. Brief description of the character of business conducted in Rhode Island <b>DAY CARE CENTER</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>1282 MENDON RD, UNIT 1</b>		City <b>CUMBERLAND</b>	State <b>RI</b>
		Zip <b>02864</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>MERY K MALDONADO POLANCO</b>		Contact Title <b>MANAGER</b>	
Street Address <b>1282 MENDON RD</b>		City <b>CUMBERLAND</b>	State <b>RI</b>
		Zip <b>02864</b>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Person <b>MERY K MALDONADO POLANCO</b>		Date <b>9/13/23</b>	
Signature of Authorized Person 			

**FILED** 1255  
**SEP 13 2023**  
**BY SNW YF**

**MAIL TO:**

**Division of Business Services**  
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