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Annual Report for the year: 2**Limited Liability Company** 

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R.I. DEPT. OF STATE

BUS SYCS DIV

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 SEP 13 P12: 51

Entity ID Number	2. Exact name of the Limited Liability Company				
001711299	NERY DAYCARE LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
624410	DAY CARE CENTER	DAY CARE CENTER			
5. State of Formation	7				
RI					
6. Principal Office Address		City	State	Zip	
1282 MENDON RD, UNIT 1		CUMBERLAND	RI	02864	
7. Mailing Address of Limited	d Liability Company and Name or Tit	le of Contact Person	•		
Contact Name MERY K MALDONADO POLANCO		Contact Title MANAGER			
Street Address 1282 MENDON RD		City CUMBERLAND	State RI	<sup>Zip</sup> 02864	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
	r, I declare and affirm that I have e atements contained herein are tru		any accompanyin	g schedules and	
Name of Authorized Person			Date	1	
MERY K MALDONADO POLANCO			9/13	9/13/23	
Signature of Authorized Pers	son				
4					

SEP 1 3 2023 BY SNW YF

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov