RI SOS Filing Number: 202341694030 Date: 9/13/2023 12:53:00 PM



ু State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: Limited Liability Company

2022

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED
R.I. DEPT. OF STATE ARY OF STATE
BUS SYCS DIV

2023 SEP 13 P 12: 51

| A S-15-15 North- | To Fire A company of the United Lie | hills Common. | | = |
|---|---|-----------------------|---------|----------------------|
| 1. 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 | | | |
| 5. State of Formation | 1 | | | |
| RI | | | | |
| 6. Principal Office Address | · · · · · · · · · · · · · · · · · · · | City | State | Zip |
| 1282 MENDON RD, UNIT 1 | | CUMBERLAND | RI | 02864 |
| 7. Mailing Address of Limited Li | ability Company and Name or Title | of Contact Person | | |
| Contact Name MERY K MALDONADO POLANCO | | Contact Title MANAGER | | |
| Street Address 1282 MENDON RD | | City | State | ^{Zip} 02864 |
| 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 | | | Date | |
| MERY K MALDONADO | POLANCO | | 9/13/23 | |
| Signature of Authorized Person | | | | |

SEP 1 8 2023 BY SN WYS

MAIL TO:

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

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