RI SOS Filing Number: 202444577500 Date: 1/23/2024 3:00:00 PM



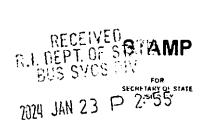
## State of Rhode Island **Department of State - Business Services Division**

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

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



| Entity ID Number   | 2. Exact name of the Limited Liability Company                              |                   |            |                      |
|--|---|-------------------|------------|----------------------|
| 001709999  | ACOSTA HOME CHILD CARE LLC  |                   |            |                      |
| 3. NAICS Code 62440 5. State of Formation RI   | 4. Brief description of the character of business conducted in Rhode Island |                   |            |                      |
| 6. Principal Office Address  |   | City              | State      | Zip                  |
| 20 SELMA STREET  |   | CRANSTON          | RI         | 02920                |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |   |                   |            |                      |
| Contact Name VINISIS ACOSTA  |   | Contact Title     |            |                      |
| Street Address 20 SELMA STREET   |   | CRANSTON CRANSTON | State RI   | <sup>Zip</sup> 02920 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |   |                   |            |                      |
| <ol> <li>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and<br/>statements, and that all statements contained herein are true and correct.</li> </ol> |   |                   |            |                      |
| Name of Authorized Person  |   |                   | Date       |                      |
| VINISIS ACOSTA   |   |                   | 01/23/2024 |                      |
| Signature of Authorized Person   |   |                   |            |                      |

**FILED** 

JAN 23 2024 BYML JCHQ9

MAIL TO:

**Division of Business Services** 

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

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