



State of Rhode Island  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV  
FOR SECRETARY OF STATE  
2024 JAN 23 P 2:55

Annual Report for the year: 2024  
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.

1. Entity ID Number 001709999		2. Exact name of the Limited Liability Company ACOSTA HOME CHILD CARE LLC		
3. NAICS Code 624410		4. Brief description of the character of business conducted in Rhode Island ISTHA DAYCARE		
5. State of Formation RI				
6. Principal Office Address 20 SELMA STREET		City CRANSTON	State RI	Zip 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		City CRANSTON	State RI	Zip 02920
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 VINISIS ACOSTA			Date 01/23/2024	
Signature of Authorized Person 				

FILED

JAN 23 2024  
BY ML JCHQ9

3:00

MAIL TO:

Division of Business Services  
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