RI SOS Filing Number: 202444578570 Date: 1/23/2024 2:57:00 PM



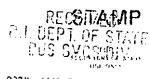
## State of Rhode Island Department of State - Business Services Division

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.



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| Entity ID Number  | 2. Exact name of the Limited Liability Company ACOSTA HOME CHILD CARE LLC |                                  |            |                      |
|---|---|----------------------------------|------------|----------------------|
| 001709999   |   |                                  |            |                      |
| 3. NAICS Code  (244)  5. State of Formation  RI   |   | ter of business conducted in Rho |            | RE                   |
| 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  |   | City 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.   |   |                                  |            |                      |
| 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       |                      |
| VINISIS ACOSTA  |   |                                  | 01/23/2024 |                      |
| Signature of Authorized Person  |   |                                  |            |                      |

7:57 JAN 23 2024 BY WOL TCHQO

MAIL TO:

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

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