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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.

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

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MAIL TO:

Division of Business Services

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

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