

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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Entity ID Number	Exact name of the Limited Liability Company				
001709999	ACOSTA HOME CHILD CARE LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
I (2441()					
5. State of Formation	ICTH	ADAY	PA 1x) /=	
	13 , 11	' 10 H 1 (()	
RI					
6. Principal Office Address	<u> </u>	City	State	Zip	
·		'		·	
20 SELMA STREET		CRANSTON	[RI	02920	
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person	1 .		
Contact Name VINISIS ACOSTA Contact Title		· · · · · · · · · · · · · · · · · · ·			
Street Address		City	Letate	7:-	
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			Date		
VINISIS ACOSTA			01/23/2024		
Signature of Authorized Person					
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MAIL TO:

Division of Business Services

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