



State of Rhode Island
Department of State - Business Services Division

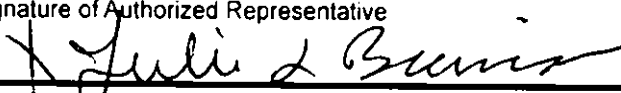
Annual Report for the year: 2024
Corporation

FILED

JAN 26 2024

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY SJD/OS

1. Entity ID Number 509619		2. Exact name of the Corporation KIDS JUNCTION, INC.	
3. Principal Office Address 406 Maple Avenue		City Barrington	State RI
		Zip 02806	
4. NAICS Code 624410	6. Brief description of the character of business conducted in Rhode Island Child Daycare		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Julie L. Bianco		Vice-President Name Julie L. Bianco	
Street Address 406 Maple Avenue		Street Address 406 Maple Avenue	
City Barrington	State RI	Zip 02806	City Barrington
			State RI
			Zip 02806
Secretary Name Julie L. Bianco		Treasurer Name Julie L. Bianco	
Street Address 406 Maple Avenue		Street Address 406 Maple Avenue	
City Barrington	State RI	Zip 02806	City Barrington
			State RI
			Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Julie L. Bianco		Director Name None	
Street Address 406 Maple Avenue		Street Address	
City Barrington	State RI	Zip 02806	City
			State
			Zip
Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		50	Common
			No Par Value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
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 Representative Julie L. Bianco			Date 1/15/2024
Signature of Authorized Representative 			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov