



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 FEB 9 PM 12:22:00

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<br><u>001728620</u>   |  | 2. Exact name of the Limited Liability Company<br><u>Happy Child Home Day Care, LLC</u>                    |                         |                     |
| 3. NAICS Code<br><u>624410</u>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><u>Family Home Day Care</u> |                         |                     |
| 5. State of Formation<br><u>RI</u>  |  |  |                         |                     |
| 6. Principal Office Address<br><u>173 Sterling Ave</u>  |  | City<br><u>Providence</u>  | State<br><u>RI</u>      | Zip<br><u>02909</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                         |                     |
| Contact Name<br><u>MARIA MORENO</u>   |  | Contact Title<br><u>Day Care Provider</u>  |                         |                     |
| Street Address<br><u>173 Sterling Ave</u>   |  | City<br><u>PROV</u>  | State<br><u>RI</u>      | Zip<br><u>02909</u> |
| 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<br><u>MARIA MORENO</u>  |  |  | Date<br><u>02/09/24</u> |                     |
| Signature of Authorized Person<br><u>Maria Moreno</u>   |  |  |                         |                     |

FILED

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BY X6X10

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FORM 632 - Revised: 12/2023

MAIL TO:

Division of Business Services  
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