

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

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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company			
001728620	Hally child House Day Paxo, UL			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
624410				
5. State of Formation				
NI	family Ha	He Day Ca	KQ	
6. Principal Office Address		City	State Zip	
173 STenk	na Alle	Providence	RI 0290	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title	, ,	
MARIA M	OKENO	Day Care	movided	
Street Address	,	City	State Zip	
173 STer	LingAUR	1 RAV	RI OFFO	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
	leclare and affirm that I have ext nents contained herein are true		y accompanying schedules and	
Name of Authorized Person			Date /	
MARIA	MORERO		02/09/24	
Signature of Authorized Person				
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FILED

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 0 9 2024

FORM 632 - Revised: 12/2023