Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by						
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d), each limited liability Company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d), each limited liability Company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d), each limited liability Company KidCove LLC ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024 1. ID No. 001726985 2. Exact Name of the Limited Liability Company KidCove LLC 3. State of Formation State: El MAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 611691 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island THIS BUSINESS IS A TUTORING, HOMESCHOOL COURSES, EDUCATIONAL SCIENCE CAMP OURSES AND YOUTH LIFE COACHING PROGRAM. 5. Princ					Fee: \$50.00	
Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file is annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024 1. ID No. 001726985 2. Exact Name of the Limited Liability Company KidCove LLC 3. State of Formation State: RI NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes hare, More information on NAICS can be found online. 611691 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island THIS BUSINESS IS A TUTORING, HOMESCHOOL COURSES, EDUCATIONAL SCIENCE CAMP COURSES AND YOUTH LIFE COACHING PROGRAM. 5. Principal Office Address No. and Street: <u>6661 POST ROAD</u> City or Town: NO. and Street: <u>6661 POST ROAD</u> City or Town: State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: STEPHANIE FRASER Contact Title: <u>OWNRER/DIRECTOR</u> No. and Street: <u>40 FENNER ST</u>				vices		
(401) 222-3040 Limited Liability Company (Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(bd, each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(bd, bdc)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024 1. ID No. 001726985 2. Exact Name of the Limited Liability Company KidCove LLC 3. State of Formation State: RI NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. GI1691 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island THIS BUSINESS IS A TUTORING, HOMESCHOOL COURSES, EDUCATIONAL SCIENCE CAMP COURSES AND YOUTH LIFE COACHING PROGRAM. 5. Principal Office Address No. and Street: 6661 POST ROAD Country: USA 6. Malling Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: STEPHANIE FRASER Contact Title: OWNER/DIRECTOR NO. RT				15		
Limited Liability Company Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024 1. ID No. 001726985 2. Exact Name of the Limited Liability Company KidCove LLC 3. State of Formation State: RI NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 611691 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island THIS BUSINESS IS A TUTORING, HOMESCHOOL COURSES, EDUCATIONAL SCIENCE CAMP COURSES AND YOUTH LIFE COACHING PROGRAM. 5. Principal Office Address No. and Street: 6661 POST ROAD City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>STEPHANIE FRASER</u> Contact Title: <u>OWNER/DIRECTOR</u> No. and Street: 40 FENNER ST	1636			15		
Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024 1. ID No. 001726985 2. Exact Name of the Limited Liability Company KidCove LLC 3. State of Formation State: RI NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 611691 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island THIS BUSINESS IS A TUTORING, HOMESCHOOL COURSES, EDUCATIONAL SCIENCE CAMP COURSES AND YOUTH LIFE COACHING PROGRAM. 5. Principal Office Address No. and Street: 6661 POST ROAD City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: STEPHANIE FRASER Contact Title: OWNER/DIRECTOR No. and Street: 40 FENNER ST) 222 3010			
refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024 1. ID No. 001726985 2. Exact Name of the Limited Liability Company KidCove LLC 3. State of Formation State: RI NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 611691 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island THIS BUSINESS IS A TUTORING, HOMESCHOOL COURSES, EDUCATIONAL SCIENCE CAMP COURSES AND YOUTH LIFE COACHING PROGRAM. 5. Principal Office Address No. and Street: <u>6661 POST ROAD</u> City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6 Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: STEPHANIE FRASER Contact Title: OWNER/DIRECTOR	Annual Report Filing Period: February 1 - May 1					
1. ID No. 001726985 2. Exact Name of the Limited Liability Company KidCove LLC 3. State of Formation State: RI NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 611691 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island THIS BUSINESS IS A TUTORING, HOMESCHOOL COURSES, EDUCATIONAL SCIENCE CAMP COURSES AND YOUTH LIFE COACHING PROGRAM. 5. Principal Office Address No. and Street: <u>6661 POST ROAD</u> City or Town: NORTH KINGSTOWN State: RI Zip: 02852 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: STEPHANIE FRASER Contact Title: OWNER/DIRECTOR No. and Street: <u>40 FENNER ST</u> OWNER/DIRECTOR OWNER/DIRECTOR	In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.					
2. Exact Name of the Limited Liability Company KidCove LLC 3. State of Formation State: RI NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 611691 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island THIS BUSINESS IS A TUTORING, HOMESCHOOL COURSES, EDUCATIONAL SCIENCE CAMP COURSES AND YOUTH LIFE COACHING PROGRAM. 5. Principal Office Address No. and Street: <u>6661 POST ROAD</u> City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>STEPHANIE FRASER</u> Contact Title: <u>OWNER/DIRECTOR</u> No. and Street: <u>40 FENNER ST</u>	ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024					
3. State of Formation State: RI NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 611691 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island THIS BUSINESS IS A TUTORING, HOMESCHOOL COURSES, EDUCATIONAL SCIENCE CAMP COURSES AND YOUTH LIFE COACHING PROGRAM. 5. Principal Office Address No. and Street: <u>6661 POST ROAD</u> City or Town: NORTH KINGSTOWN State: RI zip: <u>02852</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: STEPHANIE FRASER Contact Title: <u>OWNER/DIRECTOR</u> No. and Street: <u>40 FENNER ST</u>	1. ID No. <u>001726985</u>					
State: RI NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 611691 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island THIS BUSINESS IS A TUTORING, HOMESCHOOL COURSES, EDUCATIONAL SCIENCE CAMP COURSES AND YOUTH LIFE COACHING PROGRAM. 5. Principal Office Address No. and Street: 6661 POST ROAD City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: STEPHANIE FRASER Contact Title: OWNER/DIRECTOR No. and Street: 40 FENNER ST OWNER/DIRECTOR OWNER/DIRECTOR	2. Exact Name of the Limited Liability Company <u>KidCove LLC</u>					
NAICS CODE Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 611691 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island THIS BUSINESS IS A TUTORING, HOMESCHOOL COURSES, EDUCATIONAL SCIENCE CAMP COURSES AND YOUTH LIFE COACHING PROGRAM. 5. Principal Office Address No. and Street: <u>6661 POST ROAD</u> City or Town: NORTH KINGSTOWN State: RI zip: <u>02852</u> Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: <u>0WNER/DIRECTOR</u> No. and Street: <u>40 FENNER ST</u>	3. State of Formation					
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here</u> . More information on <u>NAICS</u> can be found online. <u>611691</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>THIS BUSINESS IS A TUTORING, HOMESCHOOL COURSES, EDUCATIONAL SCIENCE</u> <u>CAMP</u> <u>COURSES AND YOUTH LIFE COACHING PROGRAM.</u> 5. Principal Office Address No. and Street: <u>6661 POST ROAD</u> <u>City or Town: NORTH KINGSTOWN</u> State: <u>RI</u> Zip: <u>02852</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>STEPHANIE FRASER</u> Contact Title: <u>OWNER/DIRECTOR</u> No. and Street: <u>40 FENNER ST</u>	State: <u>RI</u>					
Download the list of codes here, More information on NAICS can be found online. 611691 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island THIS BUSINESS IS A TUTORING, HOMESCHOOL COURSES, EDUCATIONAL SCIENCE CAMP COURSES AND YOUTH LIFE COACHING PROGRAM. 5. Principal Office Address No. and Street: 6661 POST ROAD City or Town: NORTH KINGSTOWN State: RI zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: STEPHANIE FRASER Contact Title: OWNER/DIRECTOR 40 FENNER ST OWNER/DIRECTOR	NAICS CODE					
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island THIS BUSINESS IS A TUTORING, HOMESCHOOL COURSES, EDUCATIONAL SCIENCE CAMP COURSES AND YOUTH LIFE COACHING PROGRAM. 5. Principal Office Address No. and Street: <u>6661 POST ROAD</u> (ity or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>STEPHANIE FRASER</u> Contact Title: OWNER/DIRECTOR No. and Street: <u>40 FENNER ST</u>						
Island THIS BUSINESS IS A TUTORING, HOMESCHOOL COURSES, EDUCATIONAL SCIENCE CAMP COURSES AND YOUTH LIFE COACHING PROGRAM. 5. Principal Office Address No. and Street: 6661 POST ROAD City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: STEPHANIE FRASER Contact Title: OWNER/DIRECTOR No. and Street: 40 FENNER ST	<u>611691</u>					
CAMP COURSES AND YOUTH LIFE COACHING PROGRAM. 5. Principal Office Address No. and Street: <u>6661 POST ROAD</u> City or Town: <u>NORTH KINGSTOWN</u> State: <u>RI</u> Zip: <u>02852</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>STEPHANIE FRASER</u> Contact Title: OWNER/DIRECTOR No. and Street: <u>40 FENNER ST</u>						
CAMP COURSES AND YOUTH LIFE COACHING PROGRAM. 5. Principal Office Address No. and Street: <u>6661 POST ROAD</u> City or Town: <u>NORTH KINGSTOWN</u> State: <u>RI</u> Zip: <u>02852</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>STEPHANIE FRASER</u> Contact Title: OWNER/DIRECTOR No. and Street: <u>40 FENNER ST</u>	THIS BUSINESS IS A TUTORING. HOMESCHOOL COURSES EDUCATIONAL SCIENCE					
COURSES AND YOUTH LIFE COACHING PROGRAM. 5. Principal Office Address No. and Street: 6661 POST ROAD City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: STEPHANIE FRASER Contact Title: OWNER/DIRECTOR No. and Street: 40 FENNER ST						
No. and Street: <u>6661 POST ROAD</u> City or Town: <u>NORTH KINGSTOWN</u> State: <u>RI</u> Zip: <u>02852</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>STEPHANIE FRASER</u> Contact Title: OWNER/DIRECTOR <u>40 FENNER ST</u>						
OUTTOST ROTE NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: STEPHANIE FRASER Contact Title: OWNER/DIRECTOR No. and Street: 40 FENNER ST	5. Principal Office A	Address				
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: STEPHANIE FRASER Contact Title: OWNER/DIRECTOR No. and Street: 40 FENNER ST	No. and Street:	6661 POST ROAD				
Contact Name: <u>STEPHANIE FRASER</u> Contact Title: <u>OWNER/DIRECTOR</u> No. and Street: <u>40 FENNER ST</u>			State: <u>RI</u>	Zip: <u>02852</u>	Country: <u>USA</u>	
No. and Street: 40 FENNER ST	6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
			State: <u>RI</u>	Zip: <u>02818</u>	Country: <u>USA</u>	

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENTS INC. 47 WOOD AVE. STE 2 BARRINGTON , RI 02806

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 15 Day of February, 2024 at 1:07:00 PM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By STEPHANIE FRASER

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved