	Quete of Directo	lolond	Fee: \$50.00				
	State of Rhode Office of the Secreta		Fee: \$50.00				
Division Of Business Services							
	148 W. River S	treet					
	Providence RI 029	04-2615					
1636	(401) 222-30	40					
Foreign Business Corpora	tion						
Annual Report							
Filing Period: February 1 - May							
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to							
file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.							
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR Z	024 : <u>2024</u>					
1. Corporate ID No. 00053	38754						
2. Name of Corporation Bright Horizons Capital Corp.							
3. Street Address Principal B	usiness Office:						
No. and Street: 2 WELLS A	VE, NEWTON, MA 02459						
City or Town: <u>NEWTON C</u>		State: MA	Zip: <u>02459</u> Country: <u>USA</u>				
4. Business Phone No.							
6170219279							
<u>6172318378</u>							
5. State of Incorporation							
State: <u>DE</u>							
	NAICS CODE						
	INAIGO CODE						
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.							
624410							
	<u>624410</u>						
6. Brief Description of the Ch	aracter of Business Condu	cted in Rhode	Island				
CHILD CARE							
7. Names and Addresses of t	he Officers and Directors:						
All officers and directors must be listed.							
Title	Individual Name First, Middle, Last, Suffix	Address City	Address or Town, State, Zip Code, Country				
P							

PRESIDENT	STEPHEN KRAMER	2 WELLS AVENUE NEWTON, MA 02459 USA
TREASURER	ELIZABETH BOLAND	2 WELLS AVENUE NEWTON, MA 02459 USA
SECRETARY	JOHN G. CASAGRANDE	2 WELLS AVENUE NEWTON, MA 02459 USA
OTHER OFFICER	JOHN G. CASAGRANDE	,
DIRECTOR	STEPHEN KRAMER	2 WELLS AVENUE NEWTON, MA 02459 USA
DIRECTOR	MARY L. BURKE	2 WELLS AVENUE NEWTON, MA 02459 USA
DIRECTOR	JOHN G. CASAGRANDE	2 WELLS AVENUE NEWTON, MA 02459 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per		Total Issued and
		Share	Total Authorized Shares Number of Shares	Outstanding Num of Shares
CWP		\$0.0100	100.00	100

9. 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.

Signed this 15 Day of February, 2024 at 2:29:01 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JOHN G CASAGRANDE

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved