



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

Annual Report for the year: 2024

Corporation _____

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

FEB 14 2024

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1. Entity ID Number 001750375		2. Exact name of the Corporation All About Kids Learning Center, Inc.			
3. Principal Office Address 130 Marlow St			City Cranston	State RI	Zip 02920
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE A TOTAL PRESCHOOL EDUCATION PROGRAM			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KRISTYN CASTELLI			Vice-President Name JESSICA DeCIANTIS		
Street Address 130 MARLOW STREET			Street Address 60 APPLE BLOSSOM LANE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02921
Secretary Name JESSICA DeCIANTIS			Treasurer Name KRISTYN CASTELLI		
Street Address 60 APPLE BLOSSOM LANE			Street Address 130 MARLOW STREET		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KRISTYN CASTELLI			Director Name JESSICA DeCIANTIS		
Street Address 130 MARLOW STREET			Street Address 60 APPLE BLOSSOM LANE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02921
Director Name			Director Name		
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			
		1,000	CNP	0.00	
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 Kristyn Castelli, President				Date 02/09/2024	
Signature of Authorized Representative <i>Kristyn A Castelli</i>					

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