## 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.

				<u> </u>		
1. Entity ID Number	2. Exact name of the Limiter	2. Exact name of the Limited Liability Company				
001692340	Ms. Carol's Learn	Ms. Carol's Learning Center, LLC				
3. NAICS Code	4. Brief description of the ch	4. Brief description of the character of business conducted in Rhode Island				
624410	Day Care Povider	Day Care Povider				
5. State of Formation						
RI						
6. Principal Office Address		City	State	Zip		
1326 Plainfield Pike		Cranston	RI	02920		
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person				
Contact Name Josephson Delpeche		Contact Title Authorized Member				
Street Address 1326 Plainfield Pike		City Cranston	State RI	<sup>Zip</sup> 02920		
8. The Resident Agent infor	mation currently of record with the	1	ırate. Changes requir	e filing Form 642.		
	y, I declare and affirm that I have tatements contained herein are (		ding any accompan	ying schedules and		
Name of Authorized Person			Date			
Ryan J. Lutrario	. Lutrario			2/14/2024		
Signature of Authorized Per	son A		•			

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 11:70

FEB 28 2024

BY DSJSV

A.R