



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.

FILED

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BY L 12464

| | | | | | | |
|--|---|---|--|--------------|----------------|-----------|
| 1. Entity ID Number 1663406 | | 2. Exact name of the Corporation Baby Delight, Inc. | | | | |
| 3. Principal Office Address 30 Martin Street, Suite 3C | | City Cumberland | | State RI | Zip 02864 | |
| 4. NAICS Code 423990 | 6. Brief description of the character of business conducted in Rhode Island Development of juvenile products and any other lawful business activity. | | | | | |
| 5. State of Incorporation Rhode Island | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | |
| President Name Jason P. Macari | | | Vice-President Name Jason P. Macari | | | |
| Street Address 3100 Diamond Hill Road | | | Street Address 3100 Diamond Hill Road | | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 | |
| Secretary Name Jason P. Macari | | | Treasurer Name Jason P. Macari | | | |
| Street Address 3100 Diamond Hill Road | | | Street Address 3100 Diamond Hill Road | | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | |
| Director Name | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Director Name | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 9. Shares Authorized 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. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | | |
| | | NUMBER OF SHARES | | CLASS/SERIES | | PAR VALUE |
| | | 100,000 | Common | .01 | | |
| | | 100,000 | Common | .01 | | |
| 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. <i>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.</i> | | | | | | |
| Name of Authorized Representative Jason P. Macari | | | | | Date 3/1/24 | |
| Signature of Authorized Representative | | | | | | |

MAIL TO:
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