



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

STAMP

MAR 15 2024

BY

42115

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1. Entity ID Number 000853503		2. Exact name of the Corporation The Sensational Child, Inc			
3. Principal Office Address 650 Ten Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Urological and medical supplies			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Daniel McGregor			Vice-President Name Mary R. McGregor		
Street Address 4 Cliff Ave			Street Address 4 Cliff Ave		
City Newport	State RI	Zip 02852	City Newport	State RI	Zip 02840
Secretary Name Mary R. McGregor			Treasurer Name Daniel McGregor		
Street Address 4 Cliff Ave			Street Address 4 Cliff Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Daniel McGregor			Director Name Mary R. McGregor		
Street Address 4 Cliff Ave			Street Address 4 Cliff Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES 1000	CLASS/SERIES Common	PAR VALUE \$0.01
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. 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 Daniel McGregor					Date 3/5/24
Signature of Authorized Representative Daniel McGregor					

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