



State of Rhode Island
Department of State - Business Services Division

FILED

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.

APR 05 2024

BY

38958

1. Entity ID Number 000165079		2. Exact name of the Corporation A Child's View, Inc.												
3. Principal Office Address 1735 Mineral Spring Avenue			City North Providence	State RI	Zip 02904									
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island Day Care												
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 Marianna Feloa			Vice-President Name SAME											
Street Address 13 Water View Lane			Street Address											
City North Providence	State RI	Zip 02904	City	State	Zip									
Secretary Name			Treasurer Name SAME											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name SAME			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		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>2000</td> <td>COMMON</td> <td>\$0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	2000	COMMON	\$0.01			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		2000	COMMON	\$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 Marianna Feola				Date 2-28-24										
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.n.gov