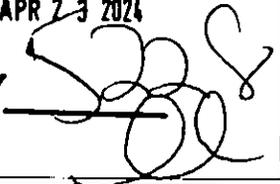




State of Rhode Island
Department of State - Business Services Division

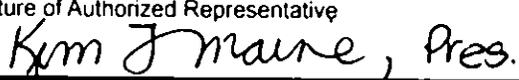
FILED

APR 23 2024

BY 

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.

1. Entity ID Number 55757		2. Exact name of the Corporation SUNSHINE EARLY CHILD CARE CENTER, INC.			
3. Principal Office Address 11 lafrate Way			City North Kingstown	State RI	Zip 02852
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE DAYCARE SERVICES			
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 Kim F. Maine			Vice-President Name		
Street Address 110 Railroad Avenue			Street Address		
City Saunderstown	State RI	Zip 02874	City	State	Zip
Secretary Name Cynthia Mancini			Treasurer Name Kim F. Maine		
Street Address 2 Whittier Street			Street Address 110 Railroad Avenue		
City Johnston	State RI	Zip 02919	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kim F. Maine			Director Name		
Street Address 110 Railroad Avenue			Street Address		
City Saunderstown	State RI	Zip 02874	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.			NUMBER OF SHARES		PAR VALUE
			100		Common
					No Par Value
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 Kim F. Maine, President				Date 2/24/2024	
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.ri.gov