



State of Rhode Island  
**Department of State - Business Services Division**

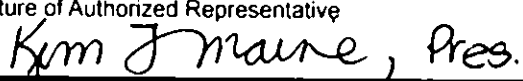
**FILED**

**Annual Report for the year:** 2024  
**Corporation**

APR 23 2024

BY 

- 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 <b>55757</b>		2. Exact name of the Corporation <b>SUNSHINE EARLY CHILD CARE CENTER, INC.</b>			
3. Principal Office Address <b>11 lafrate Way</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
4. NAICS Code <b>624410</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE DAYCARE SERVICES</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Kim F. Maine</b>			Vice-President Name		
Street Address <b>110 Railroad Avenue</b>			Street Address		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City	State	Zip
Secretary Name <b>Cynthia Mancini</b>			Treasurer Name <b>Kim F. Maine</b>		
Street Address <b>2 Whittier Street</b>			Street Address <b>110 Railroad Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Kim F. Maine</b>			Director Name		
Street Address <b>110 Railroad Avenue</b>			Street Address		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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.					
<b>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.</b>					
Name of Authorized Representative <b>Kim F. Maine, President</b>				Date <b>2/24/2024</b>	
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