



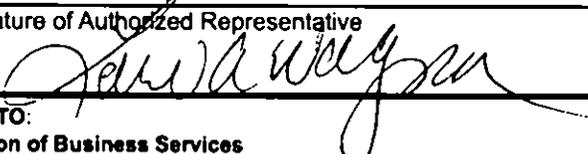
**State of Rhode Island
Department of State - Business Services Division**

REC'D RIDOS BSD
24 MAY 1 PM 3:07:09

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 62640		2. Exact name of the Corporation R. WAGNER, INC.			
3. Principal Office Address 2890 POST ROAD			City WARWICK	State RI	Zip 02886
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island CHILD 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 LORI A. WAGNER			Vice-President Name LORI A. WAGNER		
Street Address 2890 POST ROAD			Street Address 2890 POST ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name LORI A. WAGNER			Treasurer Name LORI A. WAGNER		
Street Address 2890 POST ROAD			Street Address 2890 POST ROAD		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
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		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		CLASS/SERIES	
		PAR VALUE			
		500	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 LORI A. WAGNER				Date 4/27/24	
Signature of Authorized Representative 				MAY - 1 2024 1032	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY _____