



State of Rhode Island
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Business Corporation

Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000635074

2. Name of Corporation Dr. Day Care II Inc.

3. Street Address Principal Business Office:

No. and Street: 1201 DOUGLAS PIKE
SUITE 4

City or Town: SMITHFIELD State: RI Zip: 02917 Country: USA

4. Business Phone No.

4017232277

FILED

5. State of Incorporation

State: RI

MAY 31 2024
CONFIRM
BY 1188405

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531120

6. Brief Description of the Character of Business Conducted in Rhode Island

CHILD CARE AND EDUCATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARY ANN SHALLCROSS SMITH	6 TWIN TIVER ROAD LINCOLN, RI 02865 USA
TREASURER	RONALD R SMITH	11 BUTT ROCKS ROAD LITTLE COMPTON, RI 02837 USA
SECRETARY	MARY ANN SHALLCROSS SMITH	6 TWIN RIVER ROAD LINCOLN, RI 02865 USA
VICE PRESIDENT	RONALD R SMITH	11 BUTT ROCKS ROAD LITTLE COMPTON, RI 02837 USA
DIRECTOR	RONALD R SMITH	11 BUTTS ROCK ROAD LITTLE COMPTON, RI 02837 USA
DIRECTOR	MARY ANN SHALLCROSS SMITH	6 TWIN RIVER ROAD LINCOLN, RI 02865 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	0

9. 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.

Signed this 31 Day of May, 2024 at 1:05:26 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By AMY VOGEL

Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2024 State of Rhode Island
All Rights Reserved