



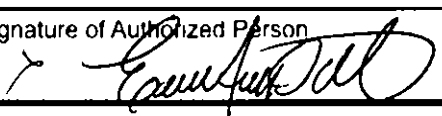
State of Rhode Island  
Department of State - Business Services Division

REC'D RI SOS BSD  
24 AUG 18 PM 3:37:56  
AMP

Annual Report for the year: 2023

Limited Liability Company

- 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<br><b>001722668</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>DERECK HOME DAYCARE LLC</b>                              |                           |
| 3. NAICS Code<br><b>624410</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>CHILD DAY CARE SERVICES</b> |                           |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                   |  |                                                                                                               |                           |
| 6. Principal Office Address<br><b>101 ADELAIDE AVE</b>                                                                                                                                                         |  | City<br><b>PROVIDENCE</b>                                                                                     | State<br><b>RI</b>        |
|                                                                                                                                                                                                                |  | Zip<br><b>02907</b>                                                                                           |                           |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                               |                           |
| Contact Name<br><b>ELBA DORREJO</b>                                                                                                                                                                            |  | Contact Title<br><b>OWNER</b>                                                                                 |                           |
| Street Address<br><b>101 ADELAIDE AVE</b>                                                                                                                                                                      |  | City<br><b>PROVIDENCE</b>                                                                                     | State<br><b>RI</b>        |
|                                                                                                                                                                                                                |  | Zip<br><b>02907</b>                                                                                           |                           |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                               |                           |
| 9. <i>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.</i> |  |                                                                                                               |                           |
| Name of Authorized Person<br><b>ELBA DORREJO</b>                                                                                                                                                               |  |                                                                                                               | Date<br><b>08/12/2024</b> |
| Signature of Authorized Person<br>                                                                                          |  |                                                                                                               |                           |

FILED

AUG 13 2024  
BY 35965  
339 19

MAIL TO:

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