RECD 2:00S BSD
24 SEP 11 PM 1:54:48
STATE

State of Rhode Island
Department of State - Business Services Division

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	2. Exact name of the Corporation			
00129092	Henderson Learning Centers, Inc.			
3. Principal Office Address		City	State	Zip
74 ALTON ST		CRANSTON	RI	02910
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
611519	CHILD CARE			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
MARIA D HENDERSON			LUTGARDA M. HENDERSON		
Street Address			Street Address		
272 SHAWOMET AVE			54 SPECK AVE		
City	State	Zip	City	State	Zip
WARWICK	RI	02889	CRANSTON	RI	02910
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000		0.00

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		Date
Lutgarda Henderson	FILED	9/11/24
Signature of Authorized Representative	SEP 11 2024	

BY TBSTVE

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