



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.

REC'D 3:00 PM
24 SEP 24
SOS

1. Entity ID Number 00129092		2. Exact name of the Corporation Henderson Learning Centers, Inc.			
3. Principal Office Address 74 ALTON ST		City CRANSTON		State RI	Zip 02910
4. NAICS Code 611519		6. Brief description of the character of business conducted in Rhode Island CHILD CARE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name MARIA D HENDERSON			Vice-President Name LUTGARDA M. HENDERSON		
Street Address 272 SHAWOMET AVE			Street Address 54 SPECK AVE		
City WARWICK	State RI	Zip 02889	City CRANSTON	State RI	Zip 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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 1,000	CLASS/SERIES	PAR VALUE 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 <i>Lutgarda Henderson</i>				Date 9/11/24	
Signature of Authorized Representative				FILED	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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