




State of Rhode Island
Department of State - Business Services Division

REC'D RIMS B30
25 JAN 30 11:18:12
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Annual Report for the year: 2025
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 001709999		2. Exact name of the Limited Liability Company ALOSTA HOME CHILD CARE LLC	
3. NAICS Code 624410		4. Brief description of the character of business conducted in Rhode Island 15TH DAY CARE	
5. State of Formation RI			
6. Principal Office Address 20 SELMA ST		City CRAVSTON	State RI
		Zip 02920	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name VINISIS ACOSTA		Contact Title	
Street Address 20 SELMA ST		City CRAVSTON	State RI
		Zip 02920	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Person VINISIS ACOSTA		Date 01/30/25	
Signature of Authorized Person 			

FILED

JAN 30 2025

BY 

MAIL TO:
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