



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FIELD

JAN 30 2025 STAMP

BY 1721-02

1. Entity ID Number 146965		2. Exact name of the Corporation Harmony Child Care & Learning Center, Inc.												
3. Principal Office Address 185 Putnam Pike Ste 10			City Chepacet	State RI	Zip 02814									
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island Operation of a child care and learning center												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>														
President Name Shana L. Grenga			Vice-President Name None											
Street Address 185 Putnam Pike Ste 10			Street Address											
City Chepacet	State RI	Zip 02814	City	State	Zip									
Secretary Name Shana L. Grenga			Treasurer Name Shana L. Grenga											
Street Address 185 Putnam Pike Ste 10			Street Address 185 Putnam Pike Ste 10											
City Chepacet	State RI	Zip 02814	City Chepacet	State RI	Zip 02814									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name None			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No par value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	No par value												
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.														
<b>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.</b>														
Name of Authorized Representative Shana L. Grenga				Date 1/24/25										
Signature of Authorized Representative <i>Shana Grenga</i>														

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