



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 1121-02

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) Check the box to indicate an attachment					
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) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
			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.					
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 Shana L. Grenga					Date 1/24/25
Signature of Authorized Representative 					

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