RI SOS Filing Number: 202564102930 Date: 2/3/2025 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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SECRETARY OF STATE USE O'LLY

1 Entity ID Number	2. Exact name of the Limited Liability Company				
001767440	Hoppy Hace	Horol DayCare	2 /		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
624410		O			
5. State of Formation	Jone Dou Care				
R.I	Ipone Dou	1 Care			
6. Principal Office Address	,	City	State	Zip	
222 Whitter ar	e Apt.1	Thordre	R.I.	02909	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name		Contact Title			
muka A.De	6 Tones	miden			
Ctmof Addrona		City	State	Zip	
223 Whittee are Apt. I		Troordine	K.I.	03109	
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	ı. <i>(</i>	·	Date		
Milka A. De la Carez			02-3-2025		
Signature of Authorized Person					
			-		

FILED

FEB 0 3 2025 BY FESF2

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov