State of Rhode Island

Department of State - Business Services Division

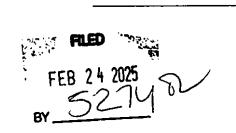
Annual Report for the year:

<u>2025</u>

Corporation

→ Filing period. February 1 - May 1

- → Filing Fee: \$50 00
- → Penalty Additional \$25.00 fee if form is not filed by May 31.



Entity ID Number	2 Exact name of the Corporation								
000936543	HAPPY LEARNING DAY CARE INC								
3 Principal Office Address					City			Zip	
55 TOGANSETT ROAD				PROVIDENCE			RI	02910	
4 NAICS Code	6 Brief descripti	on of	the character of busin	ess conducte	d in Rhode Island				
812190									
5. State of Incorporation									
RI	SERVICE								
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name					Vice-President Name				
DARNETTA KELLY									
Street Address				Street Address					
55 TOGANSETT RD									
City	State	Zip		City	1			Zip	
CRANSTON	RI	0	2910						
Secretary Name				Treasurer Name					
Street Address				Street Address					
City	State Zip			City		State		Zip	
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		Zıp	
Director Name				Director Name					
Street Address				Street Address					
City	State	Zip		City		State		Zıp	
9 Shares Authorized	1	1	10. Shares Issued	1	Che	ck the box	x to indical	te an attachment	
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/SE		IIES PAR V		PAR VALUE		
			100		STK			<u> </u>	
Changes require an additional filing.									
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 Authorized Representative 2/22								2/22/25	
Signature of Authorized Representative									
DARNETTA KELLY									

MAIL TO:

Division of Business Services

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

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