

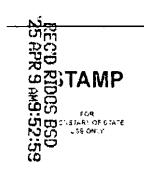
## State of Rhode Island Department of State - Business Services Division

Annual Report for the year:
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.



Entity ID Number	2. Exact name of the Limited Liability Company			
001722478	The Neighborhood Nanny LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
621999	New parent education			
5. State of Formation	7			
RI				
6. Principal Office Address	and the second and th	City	State	Zip
80 Lowell Ave		Providence	RI	02909
7. Mailing Address of Limited I	iability Company and Name or	Title of Contact Person	· · · · · · · · · · · · · · · · · · ·	
Contact Name Kyri Allison Maher		Contact Title Owner		
Street Address 80 Lowell Ave		City Providence	State RI	<sup>Zip</sup> 02909
8. The Resident Agent informa	tion currently of record with the	RI Department of State is accura	ate. Changes require	filing Form 642.
	l declare and affirm that I have ements contained herein are t	e examined this report, includi true and correct.	ng any accompany	ing schedules and
Name of Authorized Person			Date	
Kyri Maher			1/23/25	
Signature of Authorized Perso			•	

FILED

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MAIL TO:

Division of Business Services

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

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