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## 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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
1768031	La Pelife Home Day care LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
(02441D	4. Brief description of the character of business conducted in Rhode Island  I'm provider that take care of the Off ch. Grens  and teach in them Alphabet & numbers and  En on at the some take					
5. State of Formation	land teachin them Alphabet enumbes the					
EI .	80 on at the some time					
6. Principal Office Address	****	City	State		Zip	
31 Ford St		providence	RI		02907	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Yamilett &	Provider					
Street Address		City	State		Zip	
3, Food St		Providence	八人工	•	05601	
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	*** .	-	Date	1.0.		
Yamilett Ouczada		-	4	18	7025	
Signature of Authorized Person						
YamilEH Quada.						

MAIL TO:

**Division of Business Services** 

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

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

FILED

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BY JPGAC