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State of Rhode Island Department of State - Business Services Division

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Annual Report for the year: Limited Liability Company

2025

-> 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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2025 MAY -5 P 2: 56

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | |
|---|--|---------------------------------------|------------------|----------------------|
| 001766159 | NERYS LAND LEARNING CENTER 2, LLC | | | |
| 3. NAICS Code 611519 | Brief description of the character of business conducted in Rhode Island LEARNING CENTER | | | |
| 5. State of Formation RHODE ISLAND | | | | |
| 6. Principal Office Address | | City | State | Zip |
| 1282 MENDON ROAD | | CUMBERLAND | RI | 02864 |
| 7. Mailing Address of Limited | Liability Company and Name | or Title of Contact Person | | |
| Contact Name MERY K. MALDONADO | | Contact Title MANAGER | | |
| Street Address 1282 MENDON ROAD | | City CUMBERLAND | State RI | ^{Zip} 02864 |
| 8. The Resident Agent inform | ation currently of record with t | he RI Department of State is accurate | . Changes requir | e filing Form 642. |
| 9. Under penalty of perjury, | I declare and affirm that I ha | ave examined this report, including | any accompany | ving schedules and |
| statements, and that all statements contained herein are true and correct. Name of Authorized Person | | | Date | |
| MERY K. MALDONADO | | | 02/04/2025 | |
| Signature of Authorized Person | | | | |
| Signature of Administrator Person | | | | |

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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