State of Rhode Island
Department of State - Business Services Division

FILED
MAY 19 2025
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Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
1744824	The Learning Garden Children's Center, Inc.			
3. Principal Office Address		City	State	Zip
2890 POST ROAD		WARWICK	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
812990	TO CARE FOR & ASSIST IN THE MAINTENANCE AND SUPERVISION OF CHILDREN WHOSE PARENTS OR GUARDIANS WORK.			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: LORI A WAGNER			Vice-President Name: LORI A. WAGNER		
Street Address: 2890 POST ROAD			Street Address: 2890 POST ROAD		
City: WARWICK	State: RI	Zip: 02886	City: WARWICK	State: RI	Zip: 02886
Secretary Name: LORI A. WAGNER			Treasurer Name: LORI A. WAGNER		
Street Address: 2890 POST ROAD			Street Address: 2890 POST ROAD		
City: WARWICK	State: RI	Zip: 02886	City: WARWICK	State: RI	Zip: 02886

8. 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	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	COMMON	$0.00

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	Date
LORI A. WAGNER	4/17/25

Signature of Authorized Representative

Lori A. Wagner

MAIL TO:
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