RI SOS Filing Number: 202574303550 Date: 6/2/2025 4:00:00 PM



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.

1. Entity ID Number	Exact name of the Limited Liability Company			
001760685	Joy CNA School, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
611519	CNA school			:
5. State of Formation	1			
Rhode Island				
6. Principal Office Address		City	State	Zip
845 Allens Ave.		Providence	RI	02905
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Elida Hernandez		Owner		
Street Address		City Providence	State	Zip
845 Allens	Ave.	rovidure	RI	0290S
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	
Elida Hemandez			06/05/2058	
Signature of Authorized Person				

FILED

11th 0 9 2025

FILED

MAIL TO:

Division of Business Services

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

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

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