

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

Annual Report for the year: (20)

→ Filing period: February 1 - May 1 よっこう

→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001692340	2. Exact name of the Limited Liability Company Ms. Carol's Learning Center, LLC 4. Brief description of the character of business conducted in Rhode Island Day Care Povider			
3. NAICS Code 624410				
5. State of Formation RI				
6. Principal Office Address		City	State	Zip
1326 Plainfield Pike		Cranston	RI	02920
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person		
Contact Name Josephson Delpeche		Contact Tide Authorized Member		
Street Address 1326 Plainfield Pike		City Cranston	State	^{Zip} 02920
8. The Resident Agent Infor	mation currently of record with the	RI Department of State is accu	ırate. Changes requir	e filing Form 642.
	y, I declare and affirm that I hav latements contained herein are	•	ding any accompany	ying schedules and
Name of Authorized Person		Ce/9/2025		
Signature of Authorized Per	son			/

FILED