



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 121978		2. Name of Corporation Little B.I.T.'s, Inc			
3. Street Address Principal Business Office 26 Water Street, P.O. Box 1771			City Block Island	State RI	Zip 02807
4. Business Phone No. (401) 466-8697		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To Own and Operate a Toy Store					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sarah Cullen			Vice President Name None		
Street Address 1123 Connecticut Avenue			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Secretary Name John Cullen			Treasurer Name Sarah Cullen		
Street Address 1123 Connecticut Avenue			Street Address 1123 Connecticut Avenue		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Sarah Cullen			Director Name John Cullen		
Street Address 1123 Connecticut Avenue			Street Address 1123 Connecticut Avenue		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$.01 Par Value		100	Common	\$.01 Par
			THIS SECTION MUST BE COMPLETED		

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.

FILED	
File Date	FEB 11 2008
Check No.	2581 mme
By:	By
FOR SECRETARY OF STATE USE ONLY	

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.

Sarah K. Cullen 2/7/08
Signature Date
Sarah K. Cullen
Print or Type Name
President
Title