RI SOS Filing Number: 200811610670 Date: 06/05/2008 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
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.	2. Name of Corporation			
7690	Leader Loving Care Day Care Center, Inc			
3. Street Address Principal Business Office		City	State	Zip
Jenpatt Ave		Pawtucket	RI	02861
4. Business Phone No.	5. State of Incorporation			
401 726-4810	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Eleanor Carter			Karen Carter-Chabot		
Street Address			Street Address		
72 Harvard Street			7 Marmaral Road		
City	State	Zip	City	State	Zip
Pawt	RI	02860	Greenville	RI	02828
Secretary Name			Treasurer Name		
Karen Carter-Chabot			Eleanor Carter		
Street Address			Street Address		
7 Marmaral Road			72 Harvard ST		
City	State	Zip	City	State	Zip
Greenville	RI	02828	Pawt	RI	02860

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Eleanor Carter			Karen Carter-Chabot		
Street Address			Street Address		
72 Harvard ST			7 Marmaral Road		
City	State	Zip	City	State	Zip
Pawt	RI	02860	Greenville	RI	02828
Director Name			Director Name		
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
100 Common no Par value			none		
			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.

[redacted] [redacted]

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.

Eleanor Carter 5/19/2008
Signature *Date*

ELEANOR CARTER
Print or Type Name

[redacted] Owner/Administrator
Title

File Date	FILED
Check No.	JUN 05 2008
By:	13246
By	

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