

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 2009

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(cc*d)) is

| subject to a penalty fee of \$25. | .00. | | | | | | |
|--|------------------------|---|---------------------------------------|--|------------------------------|--|--|
| 1. Corporate ID No. 000056386 | LITTLEB | 2. Name of Corporation LITTLEBROOK CHILD DEVELOPMENT CENTER, INC. | | | | | |
| 3. Street Address Principal Business Office 4 BROOKSIDE ROAD | | | WESTERLY | State RI | ^{Zip} 02891 | | |
| 4. Business Phone No. 596-2920 | | 5. State of Incorpora Rhode Island | | | | | |
| 6. Brief Description of the Cha To operate a nursery | | cted in Rhode Island | | | | | |
| 7. NAMES AND ADDR | ESSES OF THE OFF | CERS: CX" BOX FOR | AYTAGYAKENI) 🗌 FILLEN | SPACES BEFORE USIN | GATTACHMENTS | | |
| President Name | | | | Vice President Name | | | |
| Robert G. Clark, Sr. Street Address | | | <u> </u> | Marilyn Dinwoodie | | | |
| 14 Horne Drive | | | Street Address 14 Horne Drive | | | | |
| ^{City} Westerly | State RI | ^{Zip} 02891 | City Westerly | State RI | ^{Zip} 02891 | | |
| Secretary Name Robert G. Clark, Sr. | | | Treasurer Name Robert G. Clark, Sr | Treasurer Name Robert G. Clark, Sr. | | | |
| Street Address 14 Horne Drive | | | Street Address 14 Horne Drive | | | | |
| City Westerly | State RI | ^{Ztp} 02891 | City Westerly | State RI | ^{Zip} 02891 | | |
| | esses of the dire | GIORS: CX BOX FOR | ATTACHMENT) 🗌 FILL L | SPACES BEFORE USI | NG ATTACHMENTS | | |
| Robert G. Clark, Sr. | | | Director Name Marilyn Dinwoodie | Director Name Marilyn Dinwoodie | | | |
| Street Address | | | Street Address | Street Address | | | |
| 14 Horne Drive | | | 14 Horne Drive | | | | |
| City Mostorly | State | ^{Zip} 02891 | City | State | Zip | | |
| Westerly Director Name | J RI |] 02091 | : Westerly : Director Name | RI | 02891 | | |
| Israella Itaria | | | Director Name | | | | |
| Street Address | | | Street Address | Street Address | | | |
| City | State | Zip | City | State | Zip | | |
| 9 SHARES AUTRORIZ | #10 | | LOUSHARES ISSUED | CX BOX FOR ATTAC CTION MUST BE COMPLETE | | | |
| This information is our | rantly of record in th | o Office of the Secretary | Nr. 1 (cd. | Class/Series | Par Value | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | 300 | Common | No par | | |
| THE STATE OF THE S | | | THIS BEC | TOP WUST BE S | OMPLETED | | |
| This report must be exe | cuted on behalf of th | ne corporation by an auth | orized representative. If the c | orporation is in the han | ds of a receiver or trustee, | | |

this report must be executed on behalf of the corporation by the receiver or trustee.

| Fils Date | Tund I med S) |
|-----------|----------------------------------|
| Check No. | JAN 2 0 2009 |
| B. Eve | /225/ |
| | FOR SPICE TARY OF STATE USE ONLY |

| Under penalty of perjury, I declare and affirm | that I have examined this report, |
|--|------------------------------------|
| including any accompanying schedules and st | tatements, and that all statements |
| contained herein are true and correct. | |
| 950 | 115109 |
| Signature | Date |
| ROBERT G. CLARK, SR. | |
| Print or Type Name | |
| President | |
| Title | |