



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 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000056386		2. Name of Corporation LITTLEBROOK CHILD DEVELOPMENT CENTER, INC.			
3. Street Address Principal Business Office 4 BROOKSIDE ROAD			City WESTERLY	State RI	Zip 02891
4. Business Phone No. 596-2920		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To operate a nursery school.					
7. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert G. Clark, Sr.			Vice President Name Marilyn Dinwoodie		
Street Address 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.		
Street Address 14 Horne Drive			Street Address 14 Horne Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert G. Clark, Sr.			Director Name Marilyn Dinwoodie		
Street Address 14 Horne Drive			Street Address 14 Horne Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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.		Number of Shares		Class/Series	Par Value
		300		Common	No 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.

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.

Signature: [Signature] Date: 1/15/09
ROBERT G. CLARK, SR.
 Print or Type Name
President
 Title

File Date: **FILED**
 Check No: **JAN 20 2009**
 By: [Signature]
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