



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** 2010

**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. <b>17062</b>		2. Name of Corporation <b>LAD N LASSIE PRE-SCHOOL INC</b>			
3. Street Address Principal Business Office <b>NO ADDRESS - CLOSED</b>			City <b>/</b>	State <b>/</b>	Zip <b>/</b>
4. Business Phone No. <b>/</b>		5. State of Incorporation <b>APRIL 17, 1981</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>DAY CARE CENTER</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>LINDA J. VICARIO</b>			Vice President Name <b>ANTHONY VICARIO</b>		
Street Address <b>21 FORT AVE</b>			Street Address <b>3 CIRCUIT DR</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02905</b>
Secretary Name <b>ANTHONY VICARIO</b>			Treasurer Name <b>LINDA J. VICARIO</b>		
Street Address <b>3 CIRCUIT DR.</b>			Street Address <b>21 FORT AVE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02905</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>LINDA J. VICARIO</b>			Director Name <b>/</b>		
Street Address <b>21 FORT AVE</b>			Street Address <b>/</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>/</b>	State <b>/</b>	Zip <b>/</b>
Director Name <b>/</b>			Director Name <b>/</b>		
Street Address <b>/</b>			Street Address <b>/</b>		
City <b>/</b>	State <b>/</b>	Zip <b>/</b>	City <b>/</b>	State <b>/</b>	Zip <b>/</b>
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares <b>1000 EACH</b>	Class/Series <b>COMMON</b>	Par Value <b>NO PAR</b>

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.

File Date **FILED**

Check No. **AUG 13 2010**

By: **By 260**

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.

Signature **Linda J. Vicario** Date **Aug 1, 2010**  
**LINDA J. VICARIO**  
 Print or Type Name  
**OWNER/PRESIDENT/DIRECTOR**  
 Title