



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

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.

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