



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

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No.		2. Name of Corporation <i>The Little Shepherd Preschool</i>			
3. State of Incorporation <i>RI</i>		4. Corporate address in Rhode Island - Street Address <i>565 Pontiac Avenue</i>		City <i>Cranston</i>	Zip <i>02910</i>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <i>Education of preschool and kindergarten children</i>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <i>Maria Wilhelm</i>			Vice President Name		
Street Address <i>60 Angel Ave</i>			Street Address		
City <i>Cranston</i>	State <i>RI</i>	Zip <i>02910</i>	City	State	Zip
Secretary Name <i>Jackie Forrest</i>			Treasurer Name <i>Susan Robinson</i>		
Street Address <i>15 Brewster Rd</i>			Street Address <i>96 Bryant Rd</i>		
City <i>Cranston</i>	State <i>RI</i>	Zip <i>02910</i>	City <i>Cranston</i>	State <i>RI</i>	Zip <i>02910</i>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name <i>Pamela Lukowicz</i>			Director Name <i>Joseph Lukowicz</i>		
Street Address <i>22 Hawthorne Ave</i>			Street Address <i>22 Hawthorne Ave</i>		
City <i>Cranston</i>	State <i>RI</i>	Zip <i>02910</i>	City <i>Cranston</i>	State <i>RI</i>	Zip <i>02910</i>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.

**FILED**

AUG 30 2010

By *DS*

*125435*

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_

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.

*Maria Wilhelm* 8/29/10  
Signature of Officer Date  
*Maria Wilhelm*  
Print or Type Name of Officer  
*Chairperson*

2010 AUG 30 AM 11:00

SECRETARY OF STATE