



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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 Avenue</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>Jeannette Clark</i> | | |
| Street Address <i>15 Brewster Rd</i> | | | Street Address <i>34 Hoffman Ave</i> | | |
| City <i>Cranston</i> | State <i>RI</i> | Zip <i>02910</i> | City <i>Cranston</i> | State <i>RI</i> | Zip <i>02920</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

File Date AUG 30 2010
 Check No. By DS 125435
 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

AUG 30 AM 11:00