



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 2011**

**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. 65460		2. Name of Corporation DAYONS ADD LOLLIPOPS INC	
3. Street Address Principal Business Office 479 West Ave		City Providence	State RI
		Zip 02860	
4. Business Phone No. 401 723-0200		5. State of Incorporation RI	
6. Brief Description of the Character of Business Conducted in Rhode Island DAYCARE			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Dawn Olagbegi		Vice President Name	
Street Address 479 West Ave		Street Address	
City Providence	State RI	City	State
Zip 02860			
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Dawn Olagbegi		Director Name	
Street Address 383 MASSAHOIT Ave		Street Address	
City East Providence	State RI	City	State
Zip 02914			
Director Name		Director Name	
Street Address		Street Address	
City	State	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 <u>MUST</u> BE COMPLETED	
		Number of Shares	Class/Series
		Par Value	
	0	0	Opp. Value

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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.

**FILED**

File Date: MAR 31 2011

Check No.: 141521 2:07

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.

Signature: Dawn Olagbegi  
Date: 3-31-11

Print or Type Name: Dawn Olagbegi

Title: Director