

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 2011
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.

penany jee of \$25.00.						
1. Corporate ID No.	2. Name of Corporation					
60347	LITTLE	CHILDREN	S VILLAGE	···		
3. State of Incorporation	4. Corporate address in R	bode Island - Street Address		Cuy	Zip	
RI	POBOX	414		BRISTOL	02809	
5. Foreign corporation. Enter prin	icipal office address		City	State	Zip	
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6. Brief Description of the character of the affairs which are actually conducted in Rhode Island						
DAYCARE						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
BROOKE HERRIAM			SUSAN BERARDO			
Street Address			Street Address			
CITY BARBARA DR. State RF 02809			2 SULLIVAN LANE			
City	State D	02809	City	State	zφ 02809	
	1 4	02809	BRISTOL	1 4	102807	
Secretary Nume			Treasurer Name			
COURTNEY FRYE CANARIO			Street Address			
Street Address 105 WOOD ST- City 3P (StDL RT 02809)			Street Address			
BRISTOL	State RI	^{z10} 02809	City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 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			Director Name			
CHRISTING MEDETROS			RACHEZ DUCHESNE			
Street Address			Street Address			
62 OVER HELL RD			5 AMBROSE DR City State Zip			
WARREN	State RI	02885	BRISTOL	State	02809	
Director Name KRISTEN BROWNE			Director Name		. ,	
Street Address			Street Address			
19 WILLIAMS ST.						
	State 2T	02809	City	State	Zip	
BRISTOL	KI	02809	I			
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	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date JUL 15 2011	statements contained herein are true and correct.
Check No. RBY 6933	Signature of Officer Date ONTHUL FOLE COCOTO Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 09/17