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 2012

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.	*2. Name of Corporation*		
144837	Carousel Day Care Inc.		
3. Street Address Principal Business Office	*City*	*State*	*Zip*
172 Mohawk Trail	Cranston	RI	02921
4. Business Phone No.	*5. State of Incorporation*		
401-943-6336	RI		
6. Brief Description of the Character of Business Conducted in Rhode Island			
Child Care Services			

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			*Vice President Name*		
Patricia L. DeSantis			Same		
Street Address			*Street Address*		
172 Mohawk Trail					
City	*State*	*Zip*	*City*	*State*	*Zip*
Cranston	RI	02921			
Secretary Name			*Treasurer Name*		
Same			Same		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			*Director Name*		
Patricia L. DeSantis					
Street Address			*Street Address*		
172 Mohawk Trail					
City	*State*	*Zip*	*City*	*State*	*Zip*
Cranston	RI	02921			
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
100	Common	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.

FILED

File Date JAN 11 2012

Check No. 219

By 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.

Patricia L. DeSantis 1/10/12

Signature *Date*

Patricia L. DeSantis

Print or Type Name

President

Title

Form 630 Rev. 08/08