RI SOS Filing Number: 201289153270 Date: 02/06/2012 4:00 PM

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. 106110	*2. Name of Corporation* LITTLE TYKES DAYCARE, INC.

3. Street Address Principal Business Office	*City*	*State*	*Zip*
5 GROSVENOR AVENUE	EAST PROVIDENCE	RI	02914

4. Business Phone No.	*5. State of Incorporation*
435-7007	RHODE ISLAND

6. Brief Description of the Character of Business 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*
DEBORAH S. HESS	NONE
Street Address 37 LYMAN STREET	*Street Address*
City EAST PROVIDENCE / *State* RI / *Zip* 02915	*City* / *State* / *Zip*
Secretary Name DEBORAH S. HESS	*Treasurer Name* DEBORAH S. HESS
Street Address 37 LYMAN STREET	*Street Address* 37 LYMAN STREET
City EAST PROVIDENCE / *State* RI / *Zip* 02915	*City* EAST PROVIDENCE / *State* RI / *Zip* 02915

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

Director Name	*Director Name*
DEBORAH S. HESS	NONE
Street Address 37 LYMAN STREET	*Street Address*
City EAST PROVIDENCE / *State* RI / *Zip* 02915	*City* / *State* / *Zip*
Director Name NONE	*Director Name* NONE
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 Value

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 FEB 06 2012

Check No. 1399

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.

Deborah S. Hess 2/1/2012
Signature *Date*

DEBORAH S. HESS
Print or Type Name

PRESIDENT
Title

72921-30-720899

Form 630 Rev. 08/08