



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. 145221		2. Name of Corporation TENDER HEARTS CHILD CARE & LEARNING CENTER, INC.			
3. Street Address Principal Business Office 935 Jefferson Boulevard			City Warwick	State RI	Zip 02886-0000
4. Business Phone No.		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island to operate a child day care facility					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Deborah S. Thomson			Vice President Name Deborah S. Thomson		
Street Address 4751 Gulf Shore Blvd. N #1006			Street Address 4751 Gulf Shore Blvd. N #1006		
City Naples	State FL	Zip 34103-	City Naples	State FL	Zip 34103-
Secretary Name Robert F. Thomson			Treasurer Name Robert F. Thomson		
Street Address 4751 Gulf Shore Blvd. N #1006			Street Address 4751 Gulf Shore Blvd. N #1006		
City Naples	State FL	Zip 34103-	City Naples	State FL	Zip 34103-
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Deborah S. Thomson			Director Name Robert F. Thomson		
Street Address 4751 Gulf Shore Blvd. N #1006			Street Address 4751 Gulf Shore Blvd. N #1006		
City Naples	State FL	Zip 34103-	City Naples	State FL	Zip 34103-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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 200	Class/Series Common	Par Value 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 **MAR 01 2012**

Check No. **By MNC**

By: **2450**

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. Thomson 01/02/2012
Signature Date

Deborah S. Thomson
Print or Type Name
President
Title