



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 56386		2. Exact name of the Corporation LITTLEBROOK CHILD DEVELOPMENT CENTER, INC.					
3. Principal office address 4 Brookside Road				City Westerly	State RI	Zip 02891	
4. Business Phone No. (401) 596-2920				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Operate a nursery school							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Robert G. Clark, Sr.				Vice-President Name Marilynn Clark			
Street Address 14 Horne Drive				Street Address 14 Horne Drive			
City Westerly	State RI	Zip 02891		City Westerly	State RI	Zip 02891	
Secretary Name Robert G. Clark, Sr.				Treasurer Name Robert G. Clark, Sr.			
Street Address 14 Horne Drive				Street Address 14 Horne Drive			
City Westerly	State RI	Zip 02891		City Westerly	State RI	Zip 02891	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Robert G. Clark, Sr.				Director Name Marilynn Clark			
Street Address 14 Horne Drive				Street Address 14 Horne Drive			
City Westerly	State RI	Zip 02891		City Westerly	State RI	Zip 02891	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		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.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				300	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 **MAR 01 2012**
 Check No **13575**
 BY **[Signature]**
 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] **2/20/12**
 Signature of Authorized Representative Date
Robert G. Clark, Sr.

Print or Type Name of Authorized Representative