



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

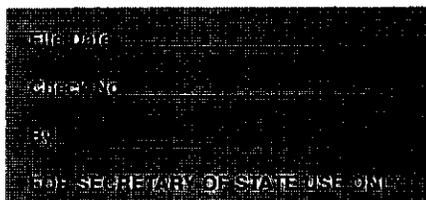
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

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.<br><b>107589</b>  |                    | 2. Exact name of the Corporation<br><b>THE ISLAND CHILD CARE CENTER, INC.</b> |   |                    |                     |           |
| 3. Principal office address<br><b>3044 EAST MAIN ROAD</b>  |                    |   | City<br><b>PORTSMOUTH</b>                       | State<br><b>RI</b> | Zip<br><b>02871</b> |           |
| 4. Business Phone No.<br><b>401-683-7777</b>   |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>                              |   |                    |                     |           |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>TO OPERATE A CHILD CARE FACILITY</b>                                     |                    |   |   |                    |                     |           |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/></b>  |                    |   |   |                    |                     |           |
| President Name<br><b>ANN M. HACKETT RATTE</b>  |                    |   | Vice-President Name<br><b>DONALD R. RATTE</b>   |                    |                     |           |
| Street Address<br><b>746 BRISTOL FERRY ROAD</b>  |                    |   | Street Address<br><b>746 BRISTOL FERRY ROAD</b> |                    |                     |           |
| City<br><b>PORTSMOUTH</b>  | State<br><b>RI</b> | Zip<br><b>02871</b>   | City<br><b>PORTSMOUTH</b>                       | State<br><b>RI</b> | Zip<br><b>02871</b> |           |
| Secretary Name<br><b>ANN M. HACKETT RATTE</b>  |                    |   | Treasurer Name<br><b>DONALD R. RATTE</b>        |                    |                     |           |
| Street Address<br><b>746 BRISTOL FERRY ROAD</b>  |                    |   | Street Address<br><b>746 BRISTOL FERRY ROAD</b> |                    |                     |           |
| City<br><b>PORTSMOUTH</b>  | State<br><b>RI</b> | Zip<br><b>02871</b>   | City<br><b>PORTSMOUTH</b>                       | State<br><b>RI</b> | Zip<br><b>02871</b> |           |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/></b>   |                    |   |   |                    |                     |           |
| Director Name<br><b>N/A</b>  |                    |   | Director Name<br><b>N/A</b>                     |                    |                     |           |
| Street Address   |                    |   | Street Address                                  |                    |                     |           |
| City   | State              | Zip   | City  | State              | Zip                 |           |
| Director Name<br><b>N/A</b>  |                    |   | Director Name<br><b>N/A</b>                     |                    |                     |           |
| Street Address   |                    |   | Street Address                                  |                    |                     |           |
| City   | State              | Zip   | City  | State              | Zip                 |           |
| <b>9. SHARES AUTHORIZED</b>  |                    |   |   |                    |                     |           |
| <b>10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input type="checkbox"/></b>   |                    |   |   |                    |                     |           |
| 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 |
|  |                    |   |   | 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**  
**FEB 14 2013**  
**9177**

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.

*Ann M. Hackett Ratte* 2/4/13  
 Signature of Authorized Representative Date

**ANN M. HACKETT RATTE, PRESIDENT**

Print or Type Name of Authorized Representative