



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

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.



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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 of Authorized Representative

Date

**ANN M. HACKETT RATTE, PRESIDENT**

Print or Type Name of Authorized Representative