



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 2014

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. 170553		2. Exact name of the Corporation Miss Lee Ann's, Inc.			
3. Principal office address 2 Williams Street		City Providence		State RI	Zip 02903
4. Business Phone No. 401-331-2222		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Operation of full-service daycare, preschool, and kindergarten with before/after school programs					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Lee Ann Meehan			Vice-President Name N/A		
Street Address 180 Oaklawn Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Lee Ann Meehan			Treasurer Name Lee Ann Meehan		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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) ☐					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		.01	

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 12:09 PM
FEB 27 2014
218585
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.

Lee Ann Meehan 2/6/14
Signature of Authorized Representative Date

Lee Ann Meehan
Print or Type Name of Authorized Representative

ICM

2-6