



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 2016

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. 121978		2. Exact name of the Corporation Little B.I.T.'s, Inc.				
3. Principal office address 232 Water Street, P.O. Box 1771		City Block Island		State RI	Zip 02807	
4. Business Phone No. (401) 466-8697		5. State of Incorporation Rhode Island				
6. Brief description of the character of business conducted in Rhode Island To Own and Operate a Toy Store						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name Sarah Cullen			Vice-President Name None			
Street Address 1123 Connecticut Avenue			Street Address			
City Block Island	State RI	Zip 02807	City	State	Zip	
Secretary Name John Cullen			Treasurer Name Sarah Cullen			
Street Address 1123 Connecticut Avenue			Street Address 1123 Connecticut Avenue			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name Sarah Cullen			Director Name John Cullen			
Street Address 1123 Connecticut Avenue			Street Address 1123 Connecticut Avenue			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807	
Director Name None			Director Name None			
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	
			100	Common	\$.01 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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
FEB 16 2016
4585

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.

Sarah Cullen
Signature of Authorized Representative

2/9/15
Date

Sarah Cullen

Print or Type Name of Authorized Representative