



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. 812195		2. Exact name of the Corporation THE ISLAND CHILD CARE CENTER - BRISTOL, INC.				
3. Principal office address 399 HOPE STREET P.O. BOX 335			City BRISTOL	State RI	Zip 02809	
4. Business Phone No. 401-396-5600			5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island CHILD CARE FACILITY						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name ANN M. HACKETT			Vice-President Name LESLIE J. MILLS			
Street Address 399 HOPE STREET			Street Address 399 HOPE STREET			
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809	
Secretary Name ANN M. HACKETT			Treasurer Name LESLIE J. MILLS			
Street Address 399 HOPE STREET			Street Address 399 HOPE STREET			
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
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			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
				200	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.

File Date

Please mail signed report and \$50.00 filing fee to:

Office of the Secretary of State
 Division of Business Services
 148 W. River Street
 Providence, RI 02904-2615

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 2/1/16
 Signature of Authorized Representative Date

FILED

ANN M. HACKETT, PRESIDENT

FEB 16 2016

Print or Type Name of Authorized Representative

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