



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. 56386		2. Exact name of the Corporation LITTLEBROOK CHILD DEVELOPMENT CENTER, INC.			
3. Principal office address 4 Brookside Road			City Westerly	State RI	Zip 02891
4. Business Phone No. 401-596-2920		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Operate a nursery school.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT)					
President Name Robert G. Clark, Sr.			Vice-President Name Marilynn Clark		
Street Address 14 Horne Drive			Street Address 14 Horne Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Robert G. Clark, Sr.			Treasurer Name Marilynn Clark		
Street Address 14 Horne Drive			Street Address 14 Horne Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT)					
Director Name Robert G. Clark, Sr.			Director Name Marilynn Clark		
Street Address 14 Horne Drive			Street Address 14 Horne Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name			Director Name		
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 300	CLASS/SERIES Common	PAR VALUE None

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

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.

Robert G. Clark, Sr. *2/24/16*
 Signature of Authorized Representative Date
Robert G. Clark, Sr., President
 Print or Type Name of Authorized Representative

FILED

FEB 29 2016

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