



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 1070228		2. Exact name of the Corporation Little Scholars Preschool, Inc.			
3. Principal office address 355 Ferris Avenue		City East Providence		State RI	Zip 02916
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Preschool					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Russell Bradford Rego			Vice-President Name Tara B. Rego		
Street Address 355 Ferris Avenue			Street Address 355 Ferris Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
Secretary Name Tara B. Rego			Treasurer Name Russell Bradford Rego		
Street Address 355 Ferris Avenue			Street Address 355 Ferris Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Russell Bradford Rego			Director Name Tara B. Rego		
Street Address 355 Ferris Avenue			Street Address 355 Ferris Avenue		
City East Providence	State RI	Zip 02916	City East Providence	State RI	Zip 02916
Director Name			Director Name		
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
			50	Common	No Par Value

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
MAR 16 2016
BY CR 1019

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.

Tara B. Rego 2/24/16
 Signature of Authorized Representative Date
Tara B. Rego, Secretary
 Print or Type Name of Authorized Representative