



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000550544

**2. Name of Corporation** The Little Shepherd Preschool

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 565 PONTIAC AVENUE

City or Town: CRANSTON

State: RI Zip: 02910 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO EDUCATE AND PFOVIDE SUPERVISION FOR CHILDREN OF PRESCHOOL AGE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARIA WILHELM	60 ANGEL AVENUE CRANSTON, RI 02920 USA
DIRECTOR	DEBORAH S. BARBER MRS.	76 TALLMAN AVE CRANSTON, RI 02910 USA
DIRECTOR	SUSAN ROBINSON MRS.	96 BRYANT RD

		CRANSTON, RI 02910 USA
DIRECTOR	ARIELLE L.N. BARBER MRS.	28 CHAPMANS AVE WARWICK, RI 02886 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DEBORAH S. BARBER 565 PONTIAC AVENUE CRANSTON , RI 02910

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 1 Day of June, 2016 at 12:02:06 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DEBORAH S. BARBER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations  
All Rights Reserved