



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2017  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>121978</b>		2. Exact name of the Corporation <b>Little Bits Inc</b>			
3. Principal Office Address <b>232 Water Street</b>			City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>
4. NAICS Code <b>44-45 - Retail Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>To Own and Operate a Toy Store</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Sarah Cullen</b>			Vice-President Name <b>None</b>		
Street Address <b>1123 Connecticut Avenue</b>			Street Address		
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City	State	Zip
Secretary Name <b>John Cullen</b>			Treasurer Name <b>Sarah Cullen</b>		
Street Address <b>1123 Connecticut Avenue</b>			Street Address <b>1123 Connecticut Avenue</b>		
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Sarah Cullen</b>			Director Name <b>John Cullen</b>		
Street Address <b>1123 Connecticut Avenue</b>			Street Address <b>1123 Connecticut Avenue</b>		
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>100</b>		<b>Common</b>		<b>\$.01 Par</b>	
11. 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.					
<b>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.</b>					
Name of Authorized Representative <b>Sarah Cullen</b>					Date <b>2/16/17</b>
Signature of Authorized Representative <i>Sarah Cullen</i>					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

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