



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: **2018**
 Corporation

FILED
 SECRETARY OF STATE
 PROVIDENCE, RI

- 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 106110		2. Exact name of the Corporation LITTLE TYKES DAYCARE, INC.			
3. Principal Office Address 5 Grosvenor Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island Child Care/Daycare			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Deborah S. Carr		Vice-President Name None			
Street Address 37 Lyman Street		Street Address			
City Riverside	State RI	Zip 02915	City	State	Zip
Secretary Name Deborah S. Carr		Treasurer Name Deborah S. Carr			
Street Address 37 Lyman Street		Street Address 37 Lyman Street			
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Deborah S. Carr		Director Name None			
Street Address 37 Lyman Street		Street Address			
City Riverside	State RI	Zip 02915	City	State	Zip
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SHARES Common	PAR VALUE No par value
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.					
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.					
Name of Authorized Representative Deborah S. Carr				Date 2/7/2018	
Signature of Authorized Representative <i>Deborah S. Carr</i>				FILED FEB 16 2018 BY <u>3189</u>	
SIGN DOCUMENT HERE					

MAIL TO:
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 Website: www.sos.ri.gov