RI SOS Filing Number: 201860395930 Date: 3/16/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STA

Annual Report for the year: 2018

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	2. Exact name of the Corporation
000056386	LITTLEBROOK CHILD DEVELOPMENT CENTER, INC.

3. Principal Office Address	City	State	Zip
4 Brookside Road	Westerly	RI	02891

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
624410	Operate a nursery school.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Robert G. Clark, Sr.	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	**Treasurer Name**
Robert G. Clark, Sr.	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) — Check the box to indicate an attachment ☐

Director Name	Director Name
Robert G. Clark, Sr.	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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	300	Common	None

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	Date
Robert G. Clark, Sr., President	3/14/18

Signature of Authorized Representative

FILED

SIGN DOCUMENT HERE

MAR 16 2018

BY

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017