STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
101808	Little Hands Preschool, Inc.			
3. Street Address Principal Business Office		City	State	Zip
422 Hillsdale Road		West Kingston,	RI	02892
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4015399900	RHODE ISLAND			8714

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A PRESCHOOL.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Lisa Craig Holbrook	422 Hillsdale Road	West Kingston,	RI	02892

Vice President Name	Street Address	City	State	Zip
Same				

Secretary Name	Street Address	City	State	Zip
Same				

Treasurer Name	Street Address	City	State	Zip
Same				

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 101808 [redacted]

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.

Lisa Craig Holbrook 10/1/05
Signature of Officer *Date*

Lisa Craig Holbrook
Print or Type Name of Officer

President/owner
Title of Officer

101808 DBC 09/28/05 03:15:23 PM
File Date 10/6/05
Check No. 3371
By: OA
FOR SECRETARY OF STATE USE ONLY

Form 630 12/01

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
101808	Little Hands Preschool, Inc.			
3. Street Address Principal Business Office		City	State	Zip
80 Richmond Townhouse Road		Carolina	RI	02812
4. Business Phone No.	5. State of Incorporation			6. SIC Code
539-9900	RHODE ISLAND			8714

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A PRESCHOOL.

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Lisa Craig Holbrook	Lisa Craig Holbrook
Street Address: 422 Hillsdale Road	Street Address: same
City: West Kingston / State: RI / Zip: 02892	City / State / Zip
Secretary Name: Lisa Craig Holbrook	Treasurer Name: Lisa Craig Holbrook
Street Address: same	Street Address: same
City / State / Zip	City / State / Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

* 1 0 1 8 0 8 *

File Date 10-21-04
Check No. 3048
By: [illegible]
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Lisa Craig Holbrook — *Signature of Officer* — *Date*

Lisa Craig Holbrook
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 Rev. 12/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 101808
2. Name of Corporation: Little Hands Preschool, Inc.
3. Street Address Principal Business Office: 80 Richmond Townhouse Road
   City: Carolina State: RI Zip: 02812
4. Business Phone No.: 539-9900
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 8714
7. Brief Description of the Character of Business Conducted in Rhode Island: Providing daycare and nursery school service to the community.

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Lisa Craig Holbrook
Street Address: 422 Hillsdale Road
City: West Kingston State: RI Zip: 02892

Vice President Name: Lisa Craig Holbrook
Street Address: same
City State Zip

Secretary Name: Lisa Craig Holbrook
Street Address: same
City State Zip

Treasurer Name: Lisa Craig Holbrook
Street Address: same
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	common	no par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 1 0 1 8 0 8 *

File Date: 5-27-03
Check No.: 2431
By:
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Date

Lisa Craig Holbrook
Print or Type Name of Officer

President
Title of Officer

Form 630 12/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 101808
2. Name of Corporation: Little Hands Preschool, Inc.
3. Street Address Principal Business Office: 80 Richmond Townhouse Road
   City: Carolina State: RI Zip: 02812
4. Business Phone No.: 539-9900
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 8714
7. Brief Description of the Character of Business Conducted in Rhode Island: Providing daycare and nursery school service to the community

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Lisa Craig Holbrook
Street Address: 422 Hillsdale Road
City: West KIngston State: RI Zip: 02892

Vice President Name: Lisa Craig Holbrook
Street Address: Same
City State Zip

Secretary Name: Lisa Craig Holbrook
Street Address: same
City State Zip

Treasurer Name: Lisa Craig Holbrook
Street Address: same
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	common	no par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

* 1 0 1 8 0 8 *

[redacted]

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.

Lisa Craig Holbrook 3/26/02
Signature of Officer *Date*

Lisa Craig Holbrook
Print or Type Name of Officer

President
Title of Officer

File Date: 4-22-02

Check No.: 1977

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

S

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1 - March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 101808
2. Name of Corporation: Little Hands Preschool, Inc.

3. Street Address Principal Business Office: 80 Richmond Townhouse Rd. | City: Carolina | State: RI | Zip: 02812
4. Business Phone No.: 401-539-9900
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 8714
7. Brief Description of the Character of Business Conducted in Rhode Island: Providing daycare and nursery school services to the community

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Lisa Craig Holbrook	Vice President Name: Lisa Craig Holbrook
Street Address: 422 Hillsdale Road	Street Address: Same
City: West Kingston State: Ri Zip: 02892	City: State: Zip:
Secretary Name: Lisa Craig holbrook	Treasurer Name: Lisa Craig Holbrook
Street Address: Same	Street Address: Same
City: State: Zip:	City: State: Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*
AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*
ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	common	no par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] *101808*

4-18-01
File Date:

1616
Check No.:

2
By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Lisa Craig Holbrook 3/1/01
Signature of Officer *Date*

Lisa Craig Holbrook
Print or Type Name of Officer

President
Title of Officer

Form 630 12/00

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
101808	Little Hands Preschool, Inc.

3. Street Address Principal Business Office	City	State	Zip
80 Richmond Townhouse Road	Carolina	RI	02812

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-539-9900	RHODE ISLAND	8714

7. Brief Description of the Character of Business Conducted in Rhode Island

Providing daycare and nursery school services to the community

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Lisa Craig Holbrook	422 Hillsdale Road	West Kingston	RI	02892

Vice President Name	Street Address	City	State	Zip
Lisa Craig Holbrook	same			

Secretary Name	Street Address	City	State	Zip
Lisa Craig Holbrook	same			

Treasurer Name	Street Address	City	State	Zip
Lisa Craig Holbrook	same			

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	no par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 4/24/00

Check No.: 1206

By: a

FOR SECRETARY OF STATE USE ONLY

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.

Lisa Craig Holbrook 3·8·00
Signature of Officer *Date*

Lisa Craig Holbrook
Print or Type Name of Officer

President
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0101808

2. Name of Corporation Little Hands Preschool, Inc.

3. Street Address Principal Business Office 80 Richmond Town House Road

City Carolina *State* RI *Zip* 02812

4. Business Phone No. 401-539-9900

5. State of Incorporation Rhode Island

6. SIC Code 8714

7. Brief Description of the Character of Business Conducted in Rhode Island
Providing daycare and nursery school services to the community.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Lisa Craig Holbrook
Street Address 422 Hillsdale Road
City West Kingston *State* RI *Zip* 02892

Vice President Name Lisa Craig Holbrook
Street Address same
City *State* *Zip*

Secretary Name Lisa Craig Holbrook
Street Address same
City *State* *Zip*

Treasurer Name Lisa Craig Holbrook
Street Address same
City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

RECEIVED
OCT 29 1999
SECRETARY OF STATE
PROCESSING

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1000	common	none

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	common	none

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

File Date: PAID

Check No.: OCT 29 1999 UP 231911

By: SEC'Y OF STATE

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Lisa Craig Holbrook
Signature of Officer *Date*

President – LISA CRAIG HOLBROOK
Print or Type Name of Officer

PRESIDENT
Title of Officer