



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

Annual Report for the year: 2019
 Corporation

FILED STAMP

MAR 01 2019

BY 3401 OS

- 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 61-EDUCATION SERVICES		6. Brief description of the character of business conducted in Rhode Island CHILD CARE / DAYCARE			
5. State of Incorporation RHODE ISLAND					
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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON	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 2/12/2019	
Signature of Authorized Representative <i>Deborah S. Carr</i>					