

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

Annual Report for the year: 2019  
 Corporation

**FILED**

MAR 04 2019

110 AD

BY \_\_\_\_\_

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>001672780</b>		2. Exact name of the Corporation <b>LITTLECHAIR, INC.</b>				
3. Principal Office Address <b>109 CEDAR STREET</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02818</b>	
4. NAICS Code <b>541519</b>		6. Brief description of the character of business conducted in Rhode Island <b>WEB DESIGN</b>				
5. State of Incorporation <b>MA</b>						
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment</span>					<input type="checkbox"/>	
President Name <b>JENNIFER ROBBINS</b>			Vice-President Name			
Street Address <b>109 CEDAR STREET</b>			Street Address			
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment</span>					<input type="checkbox"/>	
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	
9. Shares Authorized		10. Shares Issued <span style="float:right">Check the box to indicate an attachment</span>				<input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		1000			1	
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	
Signature of Authorized Representative <b>JENNIFER ROBBINS</b>						

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