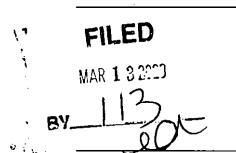
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
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									
001672780 LITTLECHAIR, INC.										
3 Principal Office Address				City			State	Zip		
109 CEDAR STREET				WARWICK			RI	02818		
4. NAICS Code		on of i	the character of busi	ness conducted in Rhode Island						
541519	`									
5. State of Incorporation										
MA	WEB DESIGN									
7 List ALL officers (names and	Check the box to indicate an attachment									
President Name	Vice-President Name									
JENNIFER ROBBINS										
Street Address				Street Address						
109 CEDAR STREET										
City	State	Zıp	- :	City	····	State		Zip		
WARWICK	RI	02	2886							
Secretary Name				Treasurer Name						
Street Address										
Silver Address				Street Address						
City	State	Zıp		City		State	1	Žip		
				5,		0.00		p		
8 List ALL directors (names and addresses) Check the box to indicate an attachment								П		
Director Name				Director Name						
Street Address				Street Address						
City	State	Zip		City		State		Zıp		
		'		′				- r		
Director Name				Director Name						
Street Address				Street Address						
City	State Zip		<u> </u>	City		State		Zip		
] "				0.1,		Siele		Z ip		
9 Shares Authorized	<u> </u>	٦.	10 Shares Issued	1	Che	ck the bo	ox to indic	ate an attachment	TT	
This information is currently of record in the Department of State.			NUMBER OF SHARES 1000			CLASS/SERIES		PAR VALUE		
								1		
Changes require an additional filling.								_		
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			111/103		
July Hall					Date 3/11/10					
Signature of Authorized Representative										
JENNIFER ROBBINS										

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov