



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **55757**      2. Name of Corporation **SUNSHINE EARLY CHILD CARE CENTER, INC.**

3. Street Address Principal Business Office \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Business Phone No. \_\_\_\_\_      5. State of Incorporation **RHODE ISLAND**      6. SIC Code **8714**

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

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

<i>President Name</i>	<i>Vice President Name</i>
<i>Street Address</i>	<i>Street Address</i>
<i>City</i> <i>State</i> <i>Zip</i>	<i>City</i> <i>State</i> <i>Zip</i>
<i>Secretary Name</i>	<i>Treasurer Name</i>
<i>Street Address</i>	<i>Street Address</i>
<i>City</i> <i>State</i> <i>Zip</i>	<i>City</i> <i>State</i> <i>Zip</i>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

<i>Director Name</i>	<i>Director Name</i>
<i>Street Address</i>	<i>Street Address</i>
<i>City</i> <i>State</i> <i>Zip</i>	<i>City</i> <i>State</i> <i>Zip</i>
<i>Director Name</i>	<i>Director Name</i>
<i>Street Address</i>	<i>Street Address</i>
<i>City</i> <i>State</i> <i>Zip</i>	<i>City</i> <i>State</i> <i>Zip</i>

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

James R. Langevin, Secretary of State



**JOHN J. VALLONE, JR.**  
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