



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP
FILED

OCT 19 2020

BY WAS/OS

1. Entity ID Number <u>661031624</u>	2. Exact name of the Corporation <u>Little Acorn Academy Inc</u>		
3. Principal Office Address <u>1572 Lonsdale Ave</u>		City <u>Lincoln</u>	State <u>RI</u>
		Zip <u>02885</u>	
4. NAICS Code <u>611159</u>	6. Brief description of the character of business conducted in Rhode Island <u>Daycare & preschool for children 18 mos - 5 yrs.</u>		
5. State of Incorporation <u>RI</u>			

7. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Patricia Crispino</u>				Vice-President Name <u>Lina Crispino</u>			
Street Address <u>77 Froquers Tr</u>				Street Address <u>77 Froquers Tr</u>			
City <u>No. Scituate</u>	State <u>RI</u>	Zip <u>02885</u>	City <u>No. Scituate</u>	State <u>RI</u>	Zip <u>02885</u>		
Secretary Name <u>Patricia Crispino</u>				Treasurer Name <u>Patricia Crispino</u>			
Street Address <u>77 Froquers Tr.</u>				Street Address <u>77 Froquers Tr.</u>			
City <u>No. Scituate</u>	State <u>RI</u>	Zip <u>02885</u>	City <u>No. Scituate</u>	State <u>RI</u>	Zip <u>02885</u>		

8. List ALL directors (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>					
Director Name						Director Name					
Street Address						Street Address					
City	State	Zip	City	State	Zip	City	State	Zip	City	State	Zip
Director Name						Director Name					
Street Address						Street Address					
City	State	Zip	City	State	Zip	City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State.	NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
	<u>1,000</u>		<u>Common</u>		<u>.01</u>	
Changes require an additional filing.						

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 <u>Patricia Crispino</u>	Date <u>10/8/20</u>
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Signature of Authorized Representative
Patricia Crispino

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov