



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILE STAMP

JAN 25 2021

BY

3180 DS

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 35 Sherman Street			Street Address								
City Riverside	State RI	Zip 02915	City	State	Zip						
Secretary Name Deborah S. Carr			Treasurer Name Deborah S. Carr								
Street Address 35 Sherman Street			Street Address 35 Sherman 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 35 Sherman 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"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR VALUE
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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 1-19-2021							
Signature of Authorized Representative <i>Deborah S. Carr</i>											