



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021

FEB 23 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.

BY 1392
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| | | | | | |
|--|----------|--|---|-------------------|-----------------|
| 1. Entity ID Number 1070228 | | 2. Exact name of the Corporation Little Scholars Preschool, Inc. | | | |
| 3. Principal Office Address 355 Ferris Avenue | | | City East Providence | State RI | Zip 02916 |
| 4. NAICS Code 61110 | | 6. Brief description of the character of business conducted in Rhode Island Preschool | | | |
| 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 Russell Bradford Rego | | | Vice-President Name Tara B. Rego | | |
| Street Address 355 Ferris Avenue | | | Street Address 355 Ferris Avenue | | |
| City East Providence | State RI | Zip 02916 | City East Providence | State RI | Zip 02916 |
| Secretary Name Tara B. Rego | | | Treasurer Name Russell Bradford Rego | | |
| Street Address 355 Ferris Avenue | | | Street Address 355 Ferris Avenue | | |
| City East Providence | State RI | Zip 02916 | City East Providence | State RI | Zip 02916 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Russell Bradford Rego | | | Director Name Tara B. Rego | | |
| Street Address 355 Ferris Avenue | | | Street Address 355 Ferris Avenue | | |
| City East Providence | State RI | Zip 02916 | City East Providence | State RI | Zip 02916 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| 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. Changes require an additional filing. | | | NUMBER OF SHARES | | CLASS/SERIES |
| | | | 50 | Common | PAR VALUE 01 |
| 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 Russell Bradford Rego, President | | | | Date 2/16/2021 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:
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