



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 001707881

2. Exact Name of the Limited Liability Company Little Friends Of Warwick, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

624410

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

LITTLE FRIENDS OF WARWICK PROVIDES YEAR-ROUND QUALITY CARE. I PROVIDE CARE FOR INFANTS, FROM AGE 6 WEEKS, TWO, THREE AND FOUR-YEAR-OLD CHILDREN AND FIVE YEAR OLD'S WHO DO NOT MEET THE DEADLINE FOR STARTING SCHOOL AND CHILDREN WHO ARE SCHOOL AGE AND NEED BEFORE AND AFTER SCHOOL. I ALSO BASE MY CURRICULUM ON THE RHODE ISLAND EARLY LEARNING STANDARDS. MY PROGRAM IS A PLAY-BASED PROGRAM.

5. Principal Office Address

No. and Street: 87 EDISON ST
City or Town: WARWICK

State: RI

Zip: 02889

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: AMANDA NICOLE LEONARD Contact Title: OWNER/TEACHER

No. and Street: 87 EDISON ST.

City or Town: WARWICK State: RI Zip: 02889 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	AMANDA NICOLE LEONARD	87 EDISON ST. WARWICK, RI 02889 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

AMANDA NICOLE LEONARD 87 EDISON ST WARWICK , RI 02889

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of August, 2021 at 1:20:03 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By AMANDA NICOLE LEONARD
Signature of Authorized Person

Form No. 632
Revised 09/07

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