



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2022

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAY 05 2022

BY

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| | | | | | |
|---|-------------|---|--------------------------------------|------------------|--|
| 1. Entity ID Number 000170553 | | 2. Exact name of the Corporation MISS LEE ANN'S, INC. | | | |
| 3. Principal Office Address 180 OAKLAWN AVENUE | | | City CRANSTON | State RI | Zip 02920 |
| 4. NAICS Code 624410 | | 6. Brief description of the character of business conducted in Rhode Island OPERATION OF FULL SERVICE DAYCARE, PRESCHOOL, AND KINDERGARTEN WITH BEFORE/AFTER SCHOOL PROGRAMS | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name LEE ANN MEEHAN | | | Vice-President Name N/A | | |
| Street Address 180 OAKLAWN AVENUE | | | Street Address | | |
| City CRANSTON | State RI | Zip 02920 | City | State | Zip |
| Secretary Name LEE ANN MEEHAN | | | Treasurer Name LEE ANN MEEHAN | | |
| Street Address 180 OAKLAWN AVENUE | | | Street Address 180 OAKLAWN AVENUE | | |
| City CRANSTON | State RI | Zip 02920 | City CRANSTON | State RI | Zip 02920 |
| 8. List ALL directors (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name N/A | | | Director Name N/A | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name N/A | | | Director Name N/A | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 100 | COMMON | .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 LEE ANN MEEHAN | | | | Date 04/25/22 | |
| Signature of Authorized Representative <i>Lee Ann Meehan</i> | | | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov