RI SOS Filing Number: 202332583750 Date: 4/7/2023 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

RECEIVED

1. Entity ID Number	2. Exact name of the Corporation
001723218	Little Imaginations Learning Center, Inc.

3. Principal Office Address	City	State	Zip
189 Toll Gate Road	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
624410	Child daycare
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Gina A. Mahoney	None
Street Address: 189 Toll Gate Road	Street Address:
City: Warwick, State: RI, Zip: 02886	City, State, Zip:
Secretary Name: Gina A. Mahoney	Treasurer Name: Gina A. Mahoney
Street Address: 189 Toll Gate Road	Street Address: 189 Toll Gate Road
City: Warwick, State: RI, Zip: 02886	City: Warwick, State: RI, Zip: 02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
None	
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
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 ☐		
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 per share

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	Date
Gina A. Mahoney	3/20/23

Signature of Authorized Representative: Gina A. Mahoney

FILED
APR 07 2023
BY ML 29223

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021