



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  
 DEPT. OF STATE  
 BUSINESS SERVICES DIVISION

1. Entity ID Number <b>001723218</b>		2. Exact name of the Corporation <b>Little Imaginations Learning Center, Inc.</b>			
3. Principal Office Address <b>189 Toll Gate Road</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	
4. NAICS Code <b>624410</b>		6. Brief description of the character of business conducted in Rhode Island <b>Child daycare</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Gina A. Mahoney</b>		Vice-President Name <b>None</b>			
Street Address <b>189 Toll Gate Road</b>		Street Address			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
Secretary Name <b>Gina A. Mahoney</b>		Treasurer Name <b>Gina A. Mahoney</b>			
Street Address <b>189 Toll Gate Road</b>		Street Address <b>189 Toll Gate Road</b>			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>		Director Name			
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<b>100</b>	<b>Common</b>	<b>\$.01 per share</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Gina A. Mahoney</b>				Date <b>3/20/23</b>	
Signature of Authorized Representative <i>Gina A. Mahoney</i>					

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

**FILED**

APR 07 2023  
 BY ML 29223