



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.

APR 21 2023

1153002

1. Entity ID Number 812195		2. Exact name of the Corporation THE ISLAND CHILD CARE CENTER-BRISTOL, INC.			
3. Principal Office Address 399 HOPE STREET			City BRISTOL	State RI	Zip 02809
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island CHILD CARE FACILITY			
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 ANN M. HACKETT			Vice-President Name		
Street Address 746 BRISTOL FERRY ROAD			Street Address		
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
Secretary Name ANN M. HACKETT			Treasurer Name		
Street Address 746 BRISTOL FEERRY ROAD			Street Address		
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIALS COMMON	PAR VALUE NO PAR
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 ANN M. HACKETT, PRESIDENT				Date 4/3/23	
Signature of Authorized Representative <i>Ann M Hackett, President</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov