



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

11531 ²

1. Entity ID Number 107589		2. Exact name of the Corporation THE ISLAND CHILD CARE CENTER, INC.			
3. Principal Office Address PO BOX 359		City PORTSMOUTH		State RI	Zip 02871
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A 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 ANN M. HACKETT		
Street Address PO BOX 359			Street Address PO BOX 359		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name ANN M. HACKETT			Treasurer Name ANN M. HACKETT		
Street Address PO BOX 359			Street Address PO BOX 359		
City PORTSMOUTH	State RI	Zip 02781	City PORTSMOUTH	State RI	Zip 02871
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 Check the box to indicate an attachment <input type="checkbox"/>					
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		CLASS/SERIES		PAR VALUE	
100		COMMON		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

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021