State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025 Corporation

- → Filing period: February 1 May 1
- → Filing Fee: \$50.00

→ Penalty: Additional \$25 00 fee if form is not filed by May 31.									
1. Entity ID Number	2. Exact name of the Corporation							())	
001672780	LITTLECHAIR, INC.							\mathcal{S}	
3. Principal Office Address				City State Zip					
109 CEDAR STREET				WARWICK RI 02818					
4 NAICS Code 6. Brief description of the character of business conducted in Rhode Island									
541519									
5. State of Incorporation									
MA	WEB DESIGN								
7. List ALL officers (names and addresses)					Check the box to indicate an attachment				
President Name				Vice-President Name					
JENNIFER N ROBBINS									
Street Address				Street Address					
109 CEDAR STREE		Ť – :	•	10					
City	State	Zip		City		State		Zip	
WARWICK	RI	1 0	2818	Treasurer Name			<u> </u>		
Secretary Name				Heasurer Maine					
Street Address				Street Address					
City	State	Zip		City	State	Zip			
8. List ALL directors (names and		Check the box to indicate an attachment							
Director Name				Director Name					
Street Address				Street Address					
City	State Zip			City	State	State Zip			
Director Name				Director Name					
Street Address				Street Address					
City .	State	Zip		City		State		Zip	
9. Shares Authorized	res Authorized 10. Shares			ed Check the				box to indicate an attachment	
This information is currently of record in the Department of State.							PAR VALUE		
								1	
Changes require an additional filing.									
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		
Signature of Authorized Representative JENNIFER ROBBINS William JENNIFER ROBBINS									

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri gov