



**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.

FILED
MAR 07 2025
BY 16087

| | | | | | |
|--|--------------------|---|---|--------------------|-------------------------|
| 1. Entity ID Number 1070228 | | 2. Exact name of the Corporation Little Scholars Preschool, Inc. | | | |
| 3. Principal Office Address 355 Ferris Avenue | | | City East Providence | State RI | Zip 02916 |
| 4. NAICS Code 611110 | | 6. Brief description of the character of business conducted in Rhode Island Preschool | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Russell Bradford Rego | | | Vice-President Name Tara B. Rego | | |
| Street Address 355 Ferris Avenue | | | Street Address 355 Ferris Avenue | | |
| City East Providence | State RI | Zip 02916 | City East Providence | State RI | Zip 02916 |
| Secretary Name Tara B. Rego | | | Treasurer Name Tara B. Rego | | |
| Street Address 355 Ferris Avenue | | | Street Address 355 Ferris Avenue | | |
| City East Providence | State RI | Zip 02916 | City East Providence | State RI | Zip 02916 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Russell Bradford Rego | | | Director Name Tara B. Rego | | |
| Street Address 355 Ferris Avenue | | | Street Address 355 Ferris Avenue | | |
| City East Providence | State RI | Zip 02916 | City East Providence | State RI | Zip 02916 |
| 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 <input type="checkbox"/> | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | | |
| | | | CLASS/SERIALS | | PAR VALUE |
| | | | 50 | Common | No Par Value |
| 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 Russell Bradford Rego, President | | | | | Date 3/2/2025 |
| Signature of Authorized Representative <i>Russell Bradford Rego Pres.</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