

State of Rhode Island
Department of State - Business Services DivisionAnnual 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 000170553		2. Exact name of the Corporation MISS LEE ANN'S, INC.			
3. Principal Office Address 180 OAKLAWN AVE			City CRANSTON	State RI	Zip 02920
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island CHILD CARE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LEE ANN MEEHAN			Vice-President Name		
Street Address 223 HENRY BROWN ROAD			Street Address		
City WEST GREENWICH	State RI	Zip 02817	City	State	Zip
Secretary Name LEE ANN MEEHAN			Treasurer Name LEE ANN MEEHAN		
Street Address 223 HENRY BROWN ROAD			Street Address 223 HENRY BROWN ROAD		
City WEST GREENWICH	State RI	Zip 02817	City WEST GREENWICH	State RI	Zip 02817
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		CLASS/SERIES
			100		COMMON
			PAR VALUE		01
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 <i>Lee Ann Meehan</i> LEE ANN MEEHAN					Date 4/2/25

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govAPR 07 2025
BY *7201*
AA *2:32pm*
FORM 630, Revised 12/2023