



FILED

FEB 14 2019

BY 5236
[Signature]

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000121978		2. Exact name of the Corporation LITTLE B.I.T'S, INC.			
3. Principal Office Address P.O. BOX 1771			City BLOCK ISLAND	State RI	Zip 02807
4. NAICS Code 451120		6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A TOY STORE			
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 SARAH CULLEN			Vice-President Name NONE		
Street Address 1123 CONNECTICUT AVENUE			Street Address		
City BLOCK ISLAND	State RI	Zip 02807	City	State	Zip
Secretary Name JOHN CULLEN			Treasurer Name SARAH CULLEN		
Street Address 1123 CONNECTICUT AVENUE			Street Address 1123 CONNECTICUT AVENUE		
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
8. List ALL directors (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
Director Name SARAH CULLEN			Director Name JOHN CULLEN		
Street Address 1123 CONNECTICUT AVENUE			Street Address 1123 CONNECTICUT AVENUE		
City BLOCK ISLAND	State RI	Zip 02813	City BLOCK ISLAND	State RI	Zip 02807
Director Name NONE			Director Name NONE		
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 100	C. ASS/SLR/ILS COMMON	PAR VALUE \$.01 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 SARAH CULLEN				Date X 2/12/19	
Signature of Authorized Representative X Sarah Cullen					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov