

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by

law (R.I.G.L. 7-1.2-1501(c					
1. Corporate ID No. 62580	2. Name of Corp. Bright Hori	poration izons Children's Center	rs, Inc.		
3. Street Address Principal Business Office 200 Talcott Avenue South			City Watertown	State MA	Zip 02472
4. Business Phone No. 5. State of Incorporate 617-673-8130 Delaware			on	<u> </u>	
6. Brief Description of the Che Child Care	aracter of Business Conduc	cted in Rhode Island			***************************************
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR A President Name Mary Ann Tocio			ITTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Stephen Dreier		
Street Address 200 Talcott Avenue South			Street Address 200 Talcott Avenue South		
Watertown	State MA	ուր 02472	^{City} Watertown	State MA	^{Zip} 02472
Secretary Name Stephen Dreier			Treasurer Name Elizabeth Boland		
Street Address 200 Talcott Avenue South			Street Address 200 Talcott Avenue South		
City Watertown	State MA	^{Zip} 02472	City Watertown	State MA	ир 02472
Director Name David Lissy	ESSES OF THE DIRE	ECTORS: ("X" BOX FOR	ATTACHMENT)	N SPACES BEFORE USIN	G ATTACHMENTS W
Street Address 200 Talcott Avenue South			Street Address 200 Talcott Avenue South		3
City Watertown Director Name	State MA	Ζίμ 02472	City Watertown Director Name	State MA	0247 D F
Mary Ann Tocio Street Address			Street Address		
200 Talcott Avenue City Watertown	State MA	<i>Ζψ</i> 02472	City	State	Zip
9. SHARES AUTHORIZ AUTHORIZED SHARES	t	1		 D <i>("X" BOX FOR ATTACE</i> ECTION <u>MUST</u> BE COMPLETED	_
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 Common 0.00 par value			100	Common	0.00
		he corporation by an author	orized representative. If the	corporation is in the hand	s of a receiver or trustee.

	Under penalty of perjury, I declare and affirm that I have examined this report.		
FILED	including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
File Date NOV 2 1 2007	Signature Date		
Check No	Stephen Dreier		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name Secretary/Vice President		
TOR SECRETARY OF STATE USE ONE!	Title		