



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2008**

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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 140984		2. Name of Corporation Angle Tree Education, Inc.		
3. Street Address Principal Business Office 160 Gilbert Street		City Mansfield	State MA	Zip 02048
4. Business Phone No. 508-339-2949		5. State of Incorporation Massachusetts		
6. Brief Description of the Character of Business Conducted in Rhode Island To own, operate and manage a business providing tutoring services				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Robert Erwin Posner		Vice President Name None		
Street Address 160 Gilbert Street		Street Address None		
City Mansfield	State MA	Zip 02048	City	State MA
Secretary Name Robert E. Posner		Treasurer Name Robert E. Posner		
Street Address 160 Gilbert Street		Street Address 160 Gilbert Street		
City Mansfield	State MA	Zip 02048	City Mansfield	State MA
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Diane J. Nigrosh		Director Name Robert E. Posner		
Street Address 160 Gilbert Street		Street Address 160 Gilbert Street		
City Mansfield	State MA	Zip 02048	City Mansfield	State MA
Director Name None		Director Name None		
Street Address None		Street Address None		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES				
Number of Shares			Class/Series	
1,000 COMM NO PAR VALUE			Par Value	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares		Class/Series		Par Value
100		Common		No Par Value
THIS SECTION MUST BE COMPLETED				

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.

File Date **FILED**  
Check No. **JAN 23 2008**  
By **2059**  
FOR SECRETARY OF STATE USE ONLY

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.  
Signature: Robert E. Posner Date: 1/21/2008  
Print or Type Name: Robert E. Posner  
Title: President