



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 	Zip
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	Zip 02048
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	Zip 02048
Director Name None		Director Name None			
Street Address None		Street Address None			
City 	State 	Zip 	City 	State 	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			100	Common	No Par Value
			THIS SECTION MUST BE COMPLETED N.A.		

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