

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

. Corporate ID No.	2. Name of Corpora Creative Cer	2. Name of Corporation Creative Center Daycare & Preschool II, Inc.				
. Street Address Principal Business Office 2952 Hartford Avenue			Johnston	RI	02919	
(401) 934-2807 Rhode Isla		5. State of Incorpora				
. Brief Description of the Chara Daycare and Preschool			NOONE TO SEE THE SEE SEE SEE SEE SEE SEE SEE SEE SEE S	aracozor y opiaa wodenionis/asoccopio	AGABSO: 2007-200685858	
, <b>NAMES AND ADDRES</b> resident Name Rhonda Rossi-Ahn	SES OF THE OFFICE	RS ("X" BOX FOR	ATTACHMENT)	SPACES BEFORE USING		
treet Address 2952 Hartford Avenue			Street Address			
Johnston	State RI	<sup>Zip</sup> 02919	City	State	Zip (1)	
Secretary Name Rhonda Rossi-Ahn			Treasurer Name Rhonda Rossi-Ahn			
Street Address 2952 Hartford Avenue			Street Address 2952 Hartford Avenue			
City Johnston	State RI	<sup>Z⊕</sup> 02919	City Johnston	State RI	Zip 02919	
NAMES AND ADDRES Director Name Rhonda Rossi-Ahn	SES OF THE DIREC	TORS: (*X* BOX FO	R ATTACHMENT)   FILE IS  Director Name	NSPACES BEFURE COIN		
ireet Address 2952 Hartford Avenue	e	<del></del>	Street Address		<u> </u>	
City  Johnston	State RI	<i>zip</i> 02919	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
) SHARES AUTHORIZE AUTHORIZED SHARES	D CXV BOX FOR A	TACHWENT)		(*X* BOX FOR ATTAG ECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1000	Common	No Par	1000		No Par	
					****	
This report must be exec	cuted on behalf of the	corporation by an au	thorized representative. If the	corporation is in the hand	s of a receiver or trus	

/0:	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date FILED  Check No. JUN 0 4 2008	Continue herein are true and correct.  Signature  Rhonda Rossi-Ahn  Continue are true and correct.  Data  Da
By: By MD591S FOR SECRETARY OF STATE USE ONLY	Print or Type Name  President  Title  Form 630 Rev. 12/06