

A. Raiph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 08/08

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Foot: \$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(e)* day in the end of the prescribed by law (R.I.G.L. 7-1.2-1501(e)* day) is within the prescribed by law (R.I.G.L. 7-1.2-1501(e)* day).

subject to a penalty fee of \$25.00.					
1. Corporate ID No. ₡156192	2. Name of Corporation 4 R Kids, Inc	on .	<u>.</u>		
3. Street Address Principal Bustness Office 300 Quaker Lane, Suite 25			City Warwick	State RI	<i>Σψ</i> 02886
4. Business Phone No. 401 823 1721 State of Incorporation Rhode Island					
6. Brief Description of the Chara Meal Assembly/studio ki	cter of Bustness Conducted in itchen ("Super Supper	r Rbode Island s" franchise)			
7. NAMES AND ADDRES	SES OF THE OFFICER	S: ("X" BOX FOR ATTA	CHMENT) FILL IN SI	PACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name Jay Smith		
Michael DiCenso			Street Address		
street Address 45 Briarrbrook Lane			2 Colleen Ct.		
^{City} Cranston	State RI	<i>Σφ</i> 0292 1	City West Warwick	State RI	^{どゆ} 02893
Secretary Name Elizabeth Pimentel			Treasurer Name Renee Smith		
Street Address 9 Kathleen Ct			Street Address 2 Colleen Ct.		
City West Warwick	State RI	^{Zip} 02893	City West Warwick	State RI	^{Zip} 02893
8. NAMES AND ADDRES	SES OF THE DIRECTO)RS: ("X" BOX FOR ATT	: <i>Tachment)</i> 📙 fill in	SPACES BEFORE USIN	IG ATTACHMENTS
Director Name Michael DiCenso			Director Name Jay Smith		
Street Address			Street Address		
45 Briarbrook Lane			2 Colleen Ct		
City	State	2ip	City Moet Manuick	State RI	//φ 02893
Cranston Director Name	RI	J 02921	West Warwick		ไกรอลง
Elizabeth Pimentel			Renee Smith		
Street Address			Street Address		
9 Kathleen Ct.			2 Colleen Ct.	State	Tyin
West Warwick	State RI	^{Zip} 02893	City West Warwick	State RI	2ip 02893
9. SHARES AUTHORIZED			•	("X" BOX FOR ATTAC	I CHMENT) []
,. General Rullioniel	-			TION MUST BE COMPLETED	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
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This	utad on hak-16 -6 dr	accomplish by an authori-	ad representative. If the co	ornaration is in the band	ds of a receiver or trustee,
		orporation by the receiver		orporation is in the name	as of a feed, for the action,
-					
			Under penalty of p	erjury, I declare and affirm	that I have examined this rep
	h?		including any acco		tatements, and that all stateme
				1 1 1	115 1-21-1
File Date)	-	Signature	CK OFFICE	Date
Check No.	0000	_	Michael Di	iCenso	
FEB 3	Z009		Print or Type Name		
By:	7), 	-	President		
BY POR SECRETARY	OF STATE USE ONLY		Tile		

Title