

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 2009

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

subject to a penalty fee of \$25.00.			The report with the warry (50) earlys type	ine time preserven by in	w (R.I.G.L. /-1,2-1501(cca)) 15	
I Corporate ID No. 58791	Growing Childre	2. Name of Corporation Growing Children of Providence, Inc.				
j. Street Address Principal Business Office One Capitol Hill			City Providence	State RI	^{Zip} 02908	
4 Business Phone No. 5. State of Incorporation 401-331-3590 Rhode Island						
6 Brief Description of the Character Children's day care facility.	of Business Conducted in	Rhode Island				
7. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) [FILL IN SPACE	ES BEFORE USING	ATTACHMENTS	
President Name Lori Ann Eastwood			Vice President Name None			
Street Address PO Box 40459			Street Address			
Providence	State RI	^{Ζφ} 02904	СИУ	State	Zip	
Secretary Name Lori Ann Eastwood			Treasurer Name Lori Ann Eastwood			
Street Address PO Box 40459			Street Address PO Box 40459			
Providence	State RI	^{Zip} 02904	Chy Providence	State RI	^{Zip} 02904	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) [FILL IN SPA	CES BEFORE USIN	G ATTACHMENTS	
Director Name Lori Ann Eastwood			Ofrector Name			
Street Address			Street Address			
PO Box 40459						
City Providence	State	Zip	City	State	Zip	
Providence Director Name	RI	<u> </u> 02904	· • • • • • • • • • • • • • • • • • • •			
			Director Name			
Street Address			Street Address			
City	State	Ζip	Chy	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ('X' BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			1,000	Common	\$1.00	
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This report must be executed	on behalf of the corp	poration by an authorize	d representative. If the corpora	tion is in the hands	of a receiver or trustee.	
this report must be executed of	on behalf of the corpo	oration by the receiver of	or trustee.			
			Under penalty of perjury,	I declare and affirm the	hat I have examined this report, tements, and that all statements	
			contained herein are true	and correct.	dements, and that air statements	
File Date FILE			XXII Emil	I Filed	7 1/2/19	
Check No. FEB 1.3 2009 By: By 1/9/0			Lori Ann Eastwood Print or Type Name			
						By:
FOR SECRETARY OF STA		TOOIGCITE	TOUROIL			

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