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.	2. Name of Corporation			
96430	Coll's Care, Inc.			
3. Street Address Principal Business Office		City	State	Zip
71 Esmond Street		Esmond	RI	02917
4. Business Phone No.	5. State of Incorporation			
401-232-7621	Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island				
Day Care				

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Colleen Hawk			Colleen Hawk		
Street Address			Street Address		
71 ESMOND STREET			71 ESMOND STREET		
City	State	Zip	City	State	Zip
ESMOND	RI	02917	ESMOND	RI	02917
Secretary Name			Treasurer Name		
Colleen Hawk			Colleen Hawk		
Street Address			Street Address		
71 ESMOND STREET			71 ESMOND STREET		
City	State	Zip	City	State	Zip
ESMOND	RI	02917	ESMOND	RI	02917

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Colleen Hawk					
Street Address			Street Address		
71 ESMOND STREET					
City	State	Zip	City	State	Zip
ESMOND	RI	02917			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	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 State. Changes require an additional filing. See Section 9 of instruction sheet.	*Number of Shares*	*Class/Series*	*Par Value*
	100	Common	No Par
	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.

[redacted] [redacted]

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.

Colleen Hawk 2.27.9
Signature *Date*

Colleen Hawk
Print or Type Name

Pres.
Title

[redacted]

File Date FILED
Check No. MAR 02 2009
By: BY 163
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Form 630 Rev. 08/08