

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

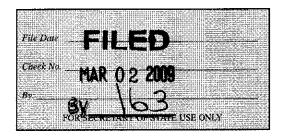
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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. Согропие ID No. 96430	2. Name of Corporation Coll's Care, Inc.					
3. Street Address Principal Business Office 71 Esmond Street			City Esmond	State RI	^{Zip} 02917	
		5. State of Incorporation Rhode Island				
6. Brief Description of the Character of Day Care						
7, NAMES AND ADDRESSES	OF THE OFFICERS:	C'X" BOX FOR ATTAC		ACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Colleen Hawk			Colleen Hawk			
Street Address 71 ESMOND STREET			Street Address 71 ESMOND STREET			
City ESMOND	State RI	^{Ζφ} 02 917	City ESMOND	State RI	^{Zip} 02917	
Secretary Name Colleen Hawk			Treasurer Name Colleen Hawk			
Street Address 71 ESMOND STREET			Street Address 71 ESMOND STREET			
City ESMOND	State RI	<i>Ζι</i> ρ 02917	City ESMOND	State RI	^{Zip} 02917	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) 🗌 FILL IN	SPACES BEFORE USIN	G ATTACHMENTS	
Director Name Colleen Hawk			Director Name			
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	Сің	State	Zip	
9. Shares Authorized			10. SHARES ISSUED (ISSUED SHARES — THIS SECT		6830 15 1 2 1 3 1 3 1 3 1 4 1 4 1 4 1 4 1 4 1 4 1 4	
			Number of Shares	Class/Series	Par Value	
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.			100	Common	No Par	
moducion succe.					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
This report must be executed	on behalf of the corp	oration by an authorized	d representative. If the co	rporation is in the hand	ls of a receiver or trustee,	

this report must be executed on behalf of the corporation by the receiver or trustee.



Under penalty of perjury, I declare and affirm t including any accompanying schedules and sta	
contained herein are true and correct.	
Collen Havi	K 2.27.9
Signature	Date
Colleen Hawk	_
Print or Type Name	
Pres.	
Title	

Form 630 Rev. 08/08