

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 (R.I.G.L. 7-1.2-1501(e&d)) is indicated as a small fee of the state on

subject to a penalty fee of \$	\$25,00.		•		· · · · · · · · · · · · · · · · · · ·		
1. Corporate ID No. 72403	2. Name of Co Liddle Tot	posation s Ii Teen, Ltd.					
3. Street Address Principal Business Office 1160 Post Road 4. Business Phone No. 5. State of Incorporation Rhode Island			<i>ா</i> ற Warwick	State RI	^{Zip} 02886		
Operation of a day		I center and after school					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT) President Name William Liddle			TTACHMENT) FILL IN Vice President Name				
Street Address 1160 Post Road			Street Address	Street Address			
City Warwick	State RI	^{Ζψ} 02886	Сір	State	Zip		
Secretary Name William Liddle			Treasurer Name William Liddle				
Street Address 1160 Post Road			Street Address 1160 Post Road	•			
City Warwick	State RI	^{Zip} 02886	<i>Cit</i> ₁⋅ Warwick	State RI	^{Zφ} 02886		
8. NAMES AND ADD Director Name	RESSES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) THE FILL I	n spaces before usin	IG ATTACHMENTS		
Street Address			Street Address				
City	State	Zip	Cuy	State	Zip		
Director Name			Director Name	Director Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip_{\parallel}		
9. SHARES AUTHOR	ZED		A ST TOTAL CONTROL CON	("X" BOX FOR ATTAC CTION <u>MUST</u> 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.			of Number of Shares	Class/Series	Par Value		
			100	Common	No Par Value		
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		ne corporation by an author	orized representative. If the c	corporation is in the hand	ls of a receiver or trustee,		

File Daie)	
Check No.	MAR	022	189	
Ву:	By_	<u> 3 </u>	طا	
	FOR SECRET	ary of sta	TE USE ONLY	

Under penalty of perjury, I declare and affirm including any accompanying schedules and s	
contained he six are true and correct.	LLL 2-15-
Signature Lid	Date
Print or Type Name	
Title	