



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2008

**1. ID No.** 000141642

**2. Exact Name of the Limited Liability Company** Education Station, LLC

**3. State of Formation**

State: DE

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

EDUCATIONAL SERVICES

**5. Principal Office Address**

No. and Street: 650 NE HOLLADAY STREET, SUITE 1400

City or Town: PORTLAND

State: OR Zip: 97232 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 650 NE HOLLADAY STREET, SUITE 1400

City or Town: PORTLAND

State: OR Zip: 97232 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	FELICIA THORNTON	650 NE HOLLADAY STREET, STE 1400 PORTLAND, OR 97232 USA
MANAGER	STANELY MARON	1250 FOURTH STREET, SIXTH FLOOR SANTA MONICA, CA 90401 USA
MANAGER	DAVID BENEDICT	650 NE HOLLADAY STREET, STE 1400 PORTLAND, OR 97232 USA
MANAGER	JOHN A MUSKOVICH	650 NE HOLLADAY STREET, STE 1400 PORTLAND, OR 97232 USA
MANAGER	JOHN SIMS	650 NE HOLLADAY STREET, STE 1400 PORTLAND, OR 97232 USA
MANAGER	DONNA LESCH	650 NE HOLLADAY STREET, STE 1400 PORTLAND, OR 97232 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 155 SOUTH MAIN STREET, SUITE 301 PROVIDENCE , RI 02903

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 25 Day of March, 2009 at 8:53:02 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DAVID BENEDICT  
Signature of Authorized Person

Form No. 632  
Revised 09/07