



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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2008

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

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.

1. ID No. <b>141533</b>		2. Exact name of the limited liability company (TINY TREASURES CHILD LEARNING CENTER AND DAYCARE L.L.C.) <b>Tiny Treasures Child Learning Center and Daycare</b>					
3. State of Formation <b>L.L.C.</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Preschool</b>					
5. Principal office address <b>1445 Mineral Spring Ave</b>				City <b>N. Prov</b>		State <b>RI</b>	Zip <b>02904</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:							
Contact Name <b>Kimberly D'Andrea</b>				Contact Title <b>President</b>			
Street Address <b>1445 Mineral Spring Ave</b>				City <b>N. Prov</b>		State <b>RI</b>	Zip <b>02904</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>							
FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>							
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11							
Agent Name				Address			
Address				City		Zip	

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

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.

File Date	<b>5-4-09</b>
Check No.	<b>2800</b>
By:	<b>MNC</b>
FOR SECRETARY OF STATE USE ONLY	

**Kimberly D'Andrea**  
Signature of Authorized Person      Date

**Kimberly D'Andrea**  
Print or Type Name of Authorized Person