



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

RG

2009
~~2008~~

A. Ralph Mollis, Secretary of State
Corporations Division
118 W. River Street
Providence, RI 02904-2615
401.222.3630

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. § 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. § 1-2-1501(c)(2)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 41345		2. Name of Corporation UP WITH CHILDREN INC.			
3. Street Address Principal Business Office 240 CRESCENT VIEW AVE			City EAST PROVIDENCE	State RI	Zip 02915
4. Business Phone No. (401) 433-1055		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT A GOUDREAU			Vice President Name LINDY L GOUDREAU		
Street Address 20 KING PHILLIP DR			Street Address 20 KING PHILLIP DR		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
Secretary Name LINDY L GOUDREAU			Treasurer Name ROBERT A GOUDREAU		
Street Address 20 KING PHILLIP DR			Street Address 20 KING PHILLIP DR		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LINDY L GOUDREAU			Director Name		
Street Address 20 KING PHILLIP DR			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 1000	Class Series ONE	Par Value NONE	

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.

File Date FILL

Check No. JAN 23 2009

By 2093

FOR SECRETARY OF STATE USE ONLY

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.

Robert A. Goudreau
Signature Date

ROBERT A. GOUDREAU
Print or Type Name

President
Title