



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

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 subject to a penalty fee of \$25.00.

1. Corporate ID No. 164302		2. Name of Corporation F48 Home Day Care Corp.	
3. Street Address Principal Business Office 374 Veazie St.		City Providence	State RI
Zip 02904			
4. Business Phone No. 401 383-6337		5. State of Incorporation R.I.	
6. Brief Description of the Character of Business Conducted in Rhode Island Provides care and education to children from birth until age 13.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Rosemary Raygada - Sosa		Vice President Name	
Street Address 374 Veazie St.		Street Address	
City Providence	State RI	Zip 02904	
Secretary Name Luis A. Chavez		Treasurer Name	
Street Address 374 Veazie St.		Street Address	
City Providence	State RI	Zip 02904	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. SHARES AUTHORIZED 100		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 0	Class/Series
			Par Value

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.

FILED	
File Date	AUG 19 2009
Check No.	096962
By:	
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.

Signature: Rosemary Raygada Sosa Date: 8-19-09
Print or Type Name: ROSEMARY RAYGADA - SOSA
Title: President