

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

2008

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(c@dl)) is subject to a thoraghy fee of \$53.00

	(coa)) is subject to a pe	nalty fee of \$25.00.			
1. Corporate ID No. 000263398	2. Name of Corp. Jungle	oration e Gym Day Care,	Inc.		
3. Street Address Principal I			City	State	70
91 Cannochet Avenue			Warwick	RI	$\begin{vmatrix}^{Zip} & 02921 \end{vmatrix}$
4. Business Phone No. 5. State of Incorpora					
6. Brief Description of the C	baracter of Business Conduc	ted in Rhode Island			
Day Care					
7. NAMES AND ADDI	RESSES OF THE OFFIC	CERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN S	SPACES BEFORE USING	ATTACHMENTS
President Ivame		A Committee of the Comm	: Vice President Name	t construent to a market tree a	
Melis	sa Cullen		Melissa Cul	len	
Street Address			Street Address		
9 Beaver Creek Court			9 Beaver Creek Court		
City	State	Zip	City	State	Zip
Cranston	RI		Cranston	RT	02921
Secretary Name			Treasurer Name		
Melissa Cullen			Melissa Cullen		
Street Address			Street Address		
Same As Above			Same As Above		
City	State	Zip	City	State	Zip
8. NAMES AND ADDR	I RESSES OF THE DIREC	TORS: ("X" BOX FOR	: <i>attachment</i>) [] fill in	SDACES BEFORE HOVE	A CENTRAL CONTROL OF C
Director Name	which as the solution of the feet of the f		Director Name	SPACES BEFORE USIN	The second of the property of the second of
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Director Name	·······		Director Name		
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Congress conserve a conserve and conserve an			•		
9. SHARES AUTHORIZ	LED ("X" BOX FOR A	TTACHMENT) 🗌	10. SHARES ISSUED	("X" BOX FOR ATTACE	IMENT)
AUTHORIZED SHARES			ISSUED SHARES — THIS SEC		
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				3 Jumps 2 84 2 400 400 5 1	
This report must be eve	ecuted on behalf of the	porposation by an explanation	i- 1	- <u> </u>	
this report must be exec	cuted on behalf of the	corporation by the receive	rized representative. If the co	rporation is in the hands	of a receiver or trustee,
	on contain of the	oxporation by the receive	er or musice.		
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		FILEL			
		HOU 4 A DOO	Under penalty of pe	rjury, I declare and affirm th	at I have examined this report,
BANTAN ANT EINGENANDEN FOR FOR FOR	ensal listos a litel Marakasia e	MUA T 2 KAA	J including any accord	npanying schedules and stat	ements, and that all statements
		0102/2/	contained herein are	true and correct.	/ .1 1
File Date		By 103629		Lall-	V11189109
			Signature		Date
Check No.			Melissa Cullen		
<i>B</i> yr		######################################	Print or Type Name		
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FOR SECRETARY	OF STATE USE ONLY			·	
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