



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 2010

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 98704		2. Exact name of the limited liability company Totally Kid's Child Care Center, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DAY CARE CENTER	
5. Principal office address 7 MESSER STREET		City WARWICK	State RI
		Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MICHAEL J. MCELROY		Contact Title MEMBER	
Street Address 7 MESSER STREET		City WARWICK	State RI
		Zip 02886	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name MICHELLE ST. DENIS		Manager Name	
Street Address 125 JUNE AVENUE		Street Address	
City WARWICK	State RI	Zip 02889	City WARWICK
			State RI
			Zip 02886
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 JOHN S. PETRONE		Address	
Address 145 PHENIX AVENUE		City CRANSTON	Zip 02920

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

98704

File Date	<u>9-10-2010</u>
Check No.	<u>6613</u>
By:	<u>mnc</u>
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.

Michelle St Denis 9/3/10
Signature of Authorized Person Date
MICHELLE ST. DENIS
Print or Type Name of Authorized Person