

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 2011

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&d)) is

1. Corporate ID No. Name of Corporation 81748 GROWING MINDS, INC. 3. Street Address Principal Business Office 14 New Meadow Road Barrington Rhode Island 02806 4. Business Phone No 5. State of Incorporation 401 245 0080 Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island Sale of Educational Products 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Mary Codd John C. Giglio Street Address Street Address 14 New Meadow Road 14 New Meadow Road State ZipBarrington State Rhode Island 02806 Barrington Rhode Island 02806 Secretary Name Treasurer Nam Karenann McLoughlin Mary Codd Street Address Street Address 144 Medway Street 14 New Meadow Road State z<sub>ip</sub> 02906 City Providence State Rhode Island Barrington Rhode Island 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS 02806 Director Name John C. Giglio Street Address Street Address 14 New Meadow Road Zip City State Barrington Ζip Rhode Island 02806 Director Name Director Name Street Address Street Address City State ZipCity State Ζip 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED This information is currently of record in the Office of the Secretary of Number of Shares Class/Series Par Value State. Changes require an additional filing. See Section 9 of 100 Common instruction sheet. None TORK SILVE

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 Check No		AN 2	7 201	n e	
By: 13	1	1 2	51		

Under penalty of perjury, I declare and affincluding any accompanying schedules an contained herein are true and correct.	firm that I have examined this report, and statements, and that all statements
Signature	Date
Mary Codd	
Print or Type Name	
President	
Title	
	Form 630 Rev. 08/08