

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 subject to a penalty fee of \$25.00.

1. Corporate ID No. 62640  3. Street Address Principal Business Of 2890 POST ROAD  4. Business Phone No. 4017380550  6. Brief Description of the Character of CHILD CARE.  7. NAMES AND ADDRESSES OF President Name LORI A. WAGNER  Street Address 2890 POST ROAD  City WARWICK  Secretary Name LORI A. WAGNER  Street Address  LORI A. WAGNER	f Business Conducted is	5. State of Incorporation RHODE ISLAND In Rhode Island SS: ("X" BOX FOR ATTA	Vice President Name LORI A. WAGNER  Street Address		02886 ATTACHMENTS	
2890 POST ROAD  4 Business Phone No. 4017380550  6. Brief Description of the Character of CHILD CARE.  7. NAMES AND ADDRESSES OF President Name LORI A. WAGNER  Street Address 2890 POST ROAD  Cuy WARWICK  Secretary Name	f Business Conducted in  OF THE OFFICER  State	RHODE ISLAND  In Rhode Island  AS: ("X" BOX FOR ATTA	WARWICK  CHMENT)   FILL IN  Vice President Name  LORI A. WAGNER  Street Address	SPACES BEFORE USING	02886	
4017380550  6. Brief Description of the Character of CHILD CARE.  7. NAMES AND ADDRESSES Of President Name LORI A. WAGNER  Street Address 2890 POST ROAD  City WARWICK  Secretary Name LORI A. WAGNER	OF THE OFFICER	RHODE ISLAND  In Rhode Island  AS: ("X" BOX FOR ATTA	Vice President Name LORI A. WAGNER  Street Address			
CHILD CARE.  7. NAMES AND ADDRESSES ( Prestdent Name LORI A. WAGNER  Street Address 2890 POST ROAD  City WARWICK  Secretary Name LORI A. WAGNER	OF THE OFFICER	S: ("X" BOX FOR ATTA	Vice President Name LORI A. WAGNER  Street Address		ATTACHMENTS	
LORI A. WAGNER  Street Address 2890 POST ROAD  City WARWICK  Secretary Name LORI A. WAGNER	State	Zip	Vice President Name LORI A. WAGNER  Street Address		ATTACHMENTS	
2890 POST ROAD  Cty WARWICK  Secretary Name LORI A. WAGNER			Street Address			
WARWICK Secretary Name LORI A. WAGNER			•			
LORI A. WAGNER		02886	City WARWICK	State RI	<sup>Zip</sup> 02886	
Street Address				Treasurer Name LORI A. WAGNER		
Street Address 2890 POST ROAD			Street Address 2890 POST ROAD			
WARWICK	State RI	<sup>Zip</sup> 02886	City WARWICK	State RI	Zip 02886	
8. NAMES AND ADDRESSES ( Director Name	OF THE DIRECTO	ORS: ("X" BOX FOR ATT	TACHMENT)   FILL II Director Name	N SPACES BEFORE USING	G ATTACHMENTS	
Street Address			Street Address			
$Cu_V$	State	Zip	City	State	Zip	
Director Name	• • • • • • • • • • • • • • • • • • • •	J	Director Name			
Street Address			Street Address			
Ony	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED		l		("X" BOX FOR ATTACE CTION MUST BE COMPLETED	 HMENT) [	
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	Class/Series	Par Value	
			500	COMMON	\$0.01	

File Date	FILED
Check No	FEB 1 1 2011
By:	R. SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and aff	irm that I have examined this report.
including any accompanying schedules ar	d statements, and that all statements
contained herein are true and correct.	2/2/11
Signature /	Dute
<u>ĽORI A.</u> WAGNER <sup>()</sup>	,
Print or Type Name	
PRESIDENT	
Title	