



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 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. <b>95118</b>		2. Name of Corporation <b>Creative Center Quality Day Care &amp; Preschool, Inc.</b>			
3. Street Address Principal Business Office <b>717 Atwood Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No. <b>(401) 946-4422</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>To carry on business of day care and preschool</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Rhonda R. Rossi</b>			Vice President Name <b>Rhonda R. Rossi</b>		
Street Address <b>4 Crandall Drive</b>			Street Address <b>4 Crandall Drive</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>Rhonda R. Rossi</b>			Treasurer Name <b>Rhonda R. Rossi</b>		
Street Address <b>Same</b>			Street Address <b>Same</b>		
City	State	Zip	City	State	Zip
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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED <b>1,000 No Par Value</b>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES -- THIS SECTION MUST BE COMPLETED					
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 <b>1,000</b>	Class/Series <b>Common</b>	Par Value <b>No Par Value</b>	

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.

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.

**FILED**

File Date: \_\_\_\_\_  
Check No. **MAR 25 2011**  
By: **1140**

BY \_\_\_\_\_  
SECRETARY OF STATE USE ONLY

**Rhonda Rossi-Ahn** **3/24/11**  
Signature Date  
**Rhonda Rossi-Ahn**  
Print or Type Name  
**President**  
Title