



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

Filling Period: January 1 - March 1 • Filling 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(e&d)) is white to a period of \$25.70.

subject to a penalty fee of \$25.00.	1 2 11 ( C				· · · · · · · · · · · · · · · · · · ·
1. Corporate ID No. 69628	2. Name of Corporation First Step Daycare, Inc.				
3. Street Address Principal Business Office 500 Prospect Street			Pawtucket	State RI	21p 02860
4. Business Phone No. 5. State of Incorporation RI					
6. Brief Description of the Character of Daycare Services	of Business Conducted in R	bode Island			<del>_</del>
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [ FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Ralph Grieco			Ralph Grieco		
Street Address 3239 Post Road			Street Address 3239 Post Road		
City Wariwick	State RI	<sup>Zip</sup> 02886	City Wariwick	State RI	<sup>Zip</sup> Wariwick
Secretary Name Ralph Grieco			Treasurer Name Ralph Grieco		
Street Address 3239 Post Road			Street Address 3239 Post Road		
City Wariwick	State RI	<sup>Zip</sup> Wariwick	City Wariwick	State RI	Wariwick 3
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	TACHMENT) 🗍 FILL I	N SPACES BEFORE USIN	G ATTACEMENTS
Director Name Ralph Grieco			Director Name 29		
Street Address			Street Address		
3239 Post Road					
City Wariwick	State RI	Zip Wariwick	City	State	<i>™</i> : ∨ ∀ 1
Director Name		J	Director Name		(ii)
Street Address			Sireet Address		
City	State	Zip	City	State	Zip
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 State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	Common	0
This report must be executed	on behalf of the corp	oration by an authorize	ed representative. If the	corporation is in the hand	s of a receiver or trustee,
this report must be executed of	on behalf of the corpo	oration by the receiver	or trustee.		
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		MAR 2 9 2011			
	ł	By NS 1	onuer penalty of	perjury, a declare and affirm to companying schedules and sta	that I have examined this reporatements, and that all statement
			contained herein	are true and correct	
File Date 3/28					
GI I V			Signature		Date
Check No.			Ralph Grieco		
By:			Print or Type Name		
FOR SECRETARY OF STATE USE ONLY			President		
			Title		



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

