



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

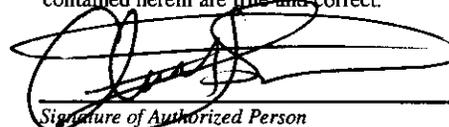
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 000183267		2. Exact name of the limited liability company Test Center, LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island None	
5. Principal office address 1501 S. Clinton Street		City Baltimore	State Maryland
		Zip 21224	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Alice Russell		Contact Title Paralegal	
Street Address 1501 S. Clinton Street		City Baltimore	State Maryland
		Zip 21224	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name None		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Corporation Service Company		Address 222 Jefferson Blvd. Suite 200	
Address		City Warwick	Zip 02888

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

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 SECRETARY OF STATE  
 CORPORATION DIV.  
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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.

  
 Signature of Authorized Person Date  
April 20, 2011

Anthony R. Scicchitano  
 Print or Type Name of Authorized Person

File Date	<b>FILED</b>
Check No.	APR 26 2011
By:	M 143173
BY <small>FOR SECRETARY OF STATE USE ONLY</small>	