



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

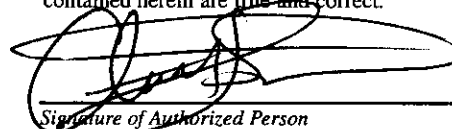
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

| | | | |
|---|-------|---|-------------------|
| 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 - DO NOT LIST MEMBERS 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 |
| | | | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| | | | |
| 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).

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