



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 2011**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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)(v)) is subject to a penalty fee of \$25.00.

|   |                    |   |                             |
|---|--------------------|---|-----------------------------|
| 1. ID No.<br><b>508287</b>  |                    | 2. Exact name of the limited liability company<br><b>Big Sky Data and Curricular Services, LLC</b>  |                             |
| 3. State of Formation<br><b>RI</b>  |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>Mathematics consulting specializing in Elementary Education</b> |                             |
| 5. Principal office address<br><b>98 Longwood Avenue</b>  |                    | City<br><b>Warwick</b>  | State<br><b>RI</b>          |
|   |                    | Zip<br><b>02888</b>   |                             |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |                    |   |                             |
| Contact Name<br><b>Frederick E. D'Andrea, Jr.</b>   |                    | Contact Title<br><b>Co-CEO</b>  |                             |
| Street Address<br><b>98 Longwood Avenue</b>   |                    | City<br><b>Warwick</b>  | State<br><b>RI</b>          |
|   |                    | Zip<br><b>02888</b>   |                             |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |   |                             |
| Manager Name<br><b>Frederick E. D'Andrea, Jr.</b>   |                    | Manager Name<br><b>Russell J. Rapose</b>  |                             |
| Street Address<br><b>98 Longwood Avenue</b>   |                    | Street Address<br><b>40 Robin Lane</b>  |                             |
| City<br><b>Warwick</b>  | State<br><b>RI</b> | Zip<br><b>02888</b>   | City<br><b>West Warwick</b> |
|   |                    |   | State<br><b>RI</b>          |
|   |                    |   | Zip<br><b>02893</b>         |
| Manager Name  |                    | Manager Name  |                             |
| Street Address  |                    | Street Address  |                             |
| City  | State              | Zip   | City                        |
|   |                    |   | State                       |
|   |                    |   | Zip                         |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11                                   |                    |   |                             |

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

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|                                 |                    |
|---------------------------------|--------------------|
| <b>FILED</b>                    |                    |
| File Date                       | <b>SEP 21 2011</b> |
| Check No.                       | <b>1011</b>        |
| By: <b>BY</b>                   | <b>1011</b>        |
| FOR SECRETARY OF STATE USE ONLY |                    |

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.

*Frederick E. D'Andrea, Jr.* **Sept. 4, 2011**  
Signature of Authorized Person Date

**Frederick E. D'Andrea, Jr.**

Print or Type Name of Authorized Person