

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 2012

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

State Zip Gity State Zip SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED	1. Corporate ID No. 62640	R. WAĞN	2. Name of Corporation R. WAGNER, INC.				
4 Britishes Phone No. 4 O17380550 6. Brief Description of the Character of Business Conducted in Rhocks Island CHILD CARE. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name LORI A. WAGNER Street Address 2890 POST ROAD CITY WARWICK RI O2886 Street Address 2890 POST ROAD CITY WARWICK RI O2886 CITY WARWICK RI O2886 Street Address This street A	3. Street Address Principal Busine 2890 POST ROAD	ess Office		City: WARWICK			
CHILD GARE. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS **President Name** LORI A. WAGNER **Street Address** 2890 POST ROAD 299 WARWICK RI 02886 City WARWICK RI 02886 **Street Address** 2890 POST ROAD 290 WARWICK RI 02886 City WARWICK RI 02886 **Street Address** 2890 POST ROAD 3800 POST ROA	4017380550 RHODE ISLAND			•			
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WARWICK RI 02886 WARWICK RI 02886 S. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Director Name				i)		
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his report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or to							

FILED	Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date	contained herein are true and correct.
Check No. By MMC	Siknature Date LORI A. WAGNER
FOR SECRETARY OF STATE USE ONLY	Print or Type Name PRESIDENT Title