

2. Name of Corporation

1. Corporate ID No.

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

401.222.30

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(c&d)) is subject to a penalty fee of \$25.00.

46193		al Directions, Inc.			
3. Street Address Principal Business Office 156 Anthony Road			City Portsmouth	State RI	<i>Ztp</i> 02871
4. Business Phone No. (401) 683-3523	5. State of Incorporation Rhode Island				
6. Brief Description of the Character Educational Placement and	of Business Conducted Consulting	cted in Rhode Island			
7. NAMES AND ADDRESSE	S OF THE OPFI	CERS; ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
Stephen G. DiCicco		Vice President Name Vacant			
Street Address			Street Address		
111 Coggeshall Avenue	State	Zip			
Newport	Ri	02840`	City	State	Zip
Secretary Name Christopher B. Arnold			Treasurer Name Christopher B. Arnold		
Street Address 26N Ned's Point Road			Street Address 26N Ned's Point Road		
City Mattapoisett	State MA	^{Zip} 02739	City Mattapoisett	State MA	^{Zip} 02739
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			CACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS		
None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Ζip
Director Name		······································	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares authorized				O ("X" BOX FOR ATTAC ECTION 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
			200	Common	No Par Value
			THIS SE	THE SOUR BEST	or we strong
This report must be executed	on behalf of th	e corporation by an authorize	d representative. If the	Corporation is in the hand	s of a receiver or trustee
this report must be executed	on behalf of the	corporation by the receiver	or trustee.	r	
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		FILED	Under penanty of	griury. I declar and a firm	that I have exemined this
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FUe Date		— Ey	Signature		Date Page
Check No.		# 32367	Stephen G	6. DiCicco	
By:			Print or Type Nam		
FOR SECRETARY OF ST	ATE USE ONLY		President		
CONTRACT STATES		15.3400 / / / / / / / / / / / / / / / / / /	Title		Form 630 Rev. 08/08