



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molits, 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

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. 000165029		2. Exact name of the limited liability company Charlie's Playhouse LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Design and sale of educational toys			
5. Principal office address 11 South Angell Street #360		City Providence	State RI	Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Katharine Miller			Contact Title President		
Street Address 11 South Angell Street #360		City Providence	State RI	Zip 02906	
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			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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 Adler, Pollock & Sheehan PC			Address One Citizen's Plaza		
Address 8th Floor		City Providence	Zip 02903		

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

000165029

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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FEB 17 2012

BY 02 163074

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.

*Katharine Miller*  
Signature of Authorized Person

Feb. 15, 2012  
Date

Katharine Miller

Print or Type Name of Authorized Person