



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. 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 - DO NOT LIST MEMBERS 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
 2012 FEB 17 AM 11:23

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

000165029

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FEB 17 2012

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.

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

BY Katharine Miller 116530574 Katharine Miller Feb. 15, 2012
 Signature of Authorized Person Date
 Katharine Miller
 Print or Type Name of Authorized Person