

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.

In accordance with R.I.G.L. 7-1.2- subject to a penalty fee of \$25.00.	1501(e), each corporation fi	uiling or refusing to file its ann	uual report within thirty (30) days a	fier the time prescribed by law	v (R.I.G.L. 7-1,2-1501(c&d)) is	
1. Corporate ID No. . 57323	2. Name of Corporation SOUTH COUNTY EDUCATIONAL CONSULTANTS, INC.					
3. Street Address Principal Business Office 1093 SHANNOCK ROAD		Clly CHARLESTOWN	Siate RI	^{Zip} 02813		
		5. State of Incorporation RHODE ISLAND				
6. Brief Description of the Character BUSINESS CONSULTING	of Business Conducted in I	Rhode Island				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [FILL IN SPA	CES BEFORE USING	ATTACHMENTS	
PAUL M. TUKEY			PAUL M. TUKEY			
1093 SHANNOCK ROAD			Street Address 1093 SHANNOCK ROAD			
CHARLESTOWN	State RI	^{Zip} 02813	City CHARLESTOWN	State RI	^{Zip} 02813	
Secretary Name PAUL M. TUKEY			Treasurer Name PAUL M. TUKEY			
Street Address 1093 SHANNOCK ROAD			Street Address 1093 SHANNOCK ROAD			
CHARLESTOWN	State RI	^{Zip} 02813	City CHARLESTOWN	State RI	^{Zip} 02813	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name PAUL M. TUKEY			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
Street Address			Street Address			
1093 SHANNOCK ROAD	State	Zip	City	State	Zip	
CHARLESTOWN Director Name	RI	02813	•			
Enecutive reasons			Director Name			
Street Address			Street Address			
СИУ	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION 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	
			100	COMMON	W/O PAR VALUE	
<u> </u>						
This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee,						
this report must be executed on behalf of the corporation by the receiver or trustee.						
FIL	ED		Under penalty of perjudice including any accomp	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.		
			contained herein are tr			
File Date MAR 0 8	2012		Signature Date			
Check No.			PAUC M. TUKEY			
By: 3100			Print or Type Name			
FOR SECRETARY OF STATE USE ONLY			Title	TOR		
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