

- AMENDED ANNUAL REPORT -



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: ~~\$60.00~~ • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

NO FEE

1. Entity ID No. <u>000635074</u>		2. Exact name of the Corporation <u>Dr. Day Care - Cumberland Inc</u>			
3. Principal office address <u>203 Concord St., Suite 301</u>			City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
4. Business Phone No. <u>401-475-7707</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>child care and education</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Mary Ann Shalldross Smith</u>			Vice-President Name <u>Peter Sangermano</u>		
Street Address <u>6 Twin River Rd</u>			Street Address <u>53 Burbank Rd</u>		
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>Sutton</u>	State <u>MA</u>	Zip <u>01590</u>
Secretary Name <u>Mary Ann Shalldross Smith</u>			Treasurer Name <u>Peter Sangermano</u>		
Street Address <u>6 Twin River Rd</u>			Street Address <u>53 Burbank Rd</u>		
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>Sutton</u>	State <u>MA</u>	Zip <u>01590</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	
<u>1000</u>		<u>CNP</u>		<u>0.000</u>	

SECRETARY OF STATE
 CORPORATIONS DIV
 JUN - 7 2012 2:12 PM

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Mary Ann Shalldross Smith 6/7/12
 Signature of Authorized Representative Date

FILED
 JUN 07 2012
 By DS 2/12

MARY ANN SHALLDROSS SMITH
 Print or Type Name of Authorized Representative



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

