

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 2015

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

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|--|---------------------------------------|--|---|---------------------------------------|--------------------|---------------------------|--|--|
| 1. Entity ID No. 113410 | 2. Exact nai | 2. Exact name of the Corporation CRISYAN ENTERPRISES, INC. | | | | | | |
| 3. Principal office address 1990 MINERAL SPI | RING AVENUE | | City NORTH PROVID | DENCE | State Zip 02904 | | | |
| 1. Business Phone No. 354-8400 | | | 5. State of Incorporation RHODE ISLAND | | | | | |
| 6. Brief description of the C TO PROVIDE CHIL | character of busines: D CARE-DAY S | s conducted in Rhode Islar ERVICES | nd | | | | | |
| LLEGYALTOFFICES | NAMES AND ATION | ESSESTON FOR | Wale ment was | 6 6 | 14. 7 K | | | |
| President Name TRICIA ROSE MORRISSEY | | | Vice-President Name TRICIA ROSE MORRISSEY | | | | | |
| Street Address 293 LAKE SHORE I | DRIVE | | Street Address 293 LAKE SHO | RE DRIVI | . | | | |
| City WARWICK | State RI | Zip 02889 | City WARWICK | | State RI | Zip 02889 | | |
| Secretary Name TRICIA ROSE MOR | RISSEY | 4 | Treasurer Name PAUL MORRISS | SEY | | | | |
| Street Address 293 LAKE SHORE DRIVE | | | Street Address 293 LAKE SHORE DRIVE | | | | | |
| City WARWICK | State RI | Zip 02889 | City WARWICK | | State RI | Zip 02889 | | |
| 8. LIST ALL DIRECTORS | (NAMES AND ADD | RESSES) ("X" BOX FOR | ATTACHMENT) | | | | | |
| Director Name TRICIA ROSE MOR | RISSEY | | Director Name PAUL MORRISS | SEY | | | | |
| Street Address 293 LAKE SHORE DRIVE | | | Street Address 293 LAKE SHORE DRIVE | | | | | |
| City WARWICK | State RI | Zip 02889 | City 293 LAKE SHOI | | | Zip 02889 | | |
| Director Name | | | Director Name | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | · · · · · · · · · · · · · · · · · · · | State | Zip | | |
|), SHARES AUTHORIZED | | | 10. SHARES ISSUED | i ing Biry | Frie Arrack | | | |
| | | | NUMBER OF SHARES | CLASS/SE | | PAR VALUE | | |
| his information is currently of record in the Office of the Secretary f State. Changes require an additional filing, ee Section 9 of instruction sheet. | | 201 | C | NOMMC | NO PAR VALUE | | | |
| This report must be execu | this report mu | corporation by an authoriz st be executed on behalf o | f the corporation by the r | eceiver or tr | ustee. | of a receiver or trustee, | | |
| Charles Control of the Control of th | 机物系统法 医抗菌素 "工作机" | | | | | | | |

| File Deta | FILED | Under penalty of perjury, I declare and affirm that I this report, including any accompanying scheduler and that all statements contained herein are true as | s and statements, |
|---------------------------------|----------------|--|-------------------|
| Check No. | FEB 2 7 2015 | Signafure of Authorized Representative | 2/2//J Date |
| FOR SECRETARY OF STATE USE ONLY | 3-31 | TRICIA ROSE MORRISSEY | |
| Form No. 630 | (| Print or Type Name of Authorized Representative | |

Form No. 630 Revised: 01/2012