

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

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Domestic Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.**ANNUAL REPORT YEAR:** 2016**1. ID No.** 000413101**2. Exact Name of the Limited Liability Company** A Family Tree Enterprize, LLC**3. State of Formation**State: RI**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

661**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**PROPERTY HOLDING COMPANY FOR A FAMILY TREE SCHOOL AGE**5. Principal Office Address**No. and Street: 126 EDYTHE STREETCity or Town: WARWICKState: RIZip: 02889Country: USA**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 148 LLOYD AVENUECity or Town: WARWICKState: RIZip: 02889Country: USA**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.****DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

RICHARD F. HENTZ, ESQ. 2088 BROAD STREET CRANSTON , RI 02905

Signed this 1 Day of June, 2017 at 12:41:16 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ERICA SACCOCCIO
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations
All Rights Reserved



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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:

June 01, 2017 12:40 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

