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FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN	BLACK)	J					
1. Corporate ID No.	2. Name of Corporation				<u> </u>		
101808	Little Hands	Preschool, Inc.					
3. Street Address Principal Bus	Iness Office		City	State	Zip		
422 Hillsdale Road			West Kingston,	RI	· ·		
4. Business Phone No. 5. State of Incorpora				02892			
4015399900 RHODE ISLA					6. SIC Code		
7. Brief Description of the Cha	racter of Rusiness Co.				8714		
TO OPERATE A PRESC	HOOL.	idacted in Nibae Istana					
President Name	SSES OF THE OF	EICERS GENEROX FOR	ATTACHMENT) (TREPATA)	HEREORE UNIXON	CANCELLA HOLDING		
Lisa Craig Holbro			"Vice President Name				
Street Address		-	Same				
422 Hillsdale Roa	.a		Street Address				
		· 	·				
City West Kingston,	State	Zip	City	State	Zip		
Secretary Name	RI	02892					
Same			Treasurer Name	• • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
	<u> </u>		.Same				
Street Address		•	Street Address				
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City	State	Zip	*City	State	Zip		
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9. NAMES AND ADDRES	SES OF THE DIR	EGTORS CAP BOX FO	DRATIKICHMENTI LEGIK (NISP.	ACES REPORTUSING	conference (Care		
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		l ap	·City	State	Zip		
Director Name		. <i></i>]		,			
			· Director Name ·				
Street Address		<u>-</u>			<u> </u>		
54. ECT 71547 E33			Street Address				
City	State	Zip		 			
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his report must be signe	e d in ink by eithe	r the President, Vice	President, Secretary, Assista	nt Secretary, Treasi	rer Receiver or Trustee		
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Et tien eelet tres	17 (8)11 88)81 18r						
na ing ing panalana	H ÎSHT ÎNIALÎN						
ו ט ז	8 0 8		Under penalty of perjur	y, I declare and affirm (that I have examined		
			this report, including an	x accompanying sched	ules and statements.		
101808 DBC 09/28/05 03:15:23 PM			and that all statements o	dntained herein are to	e and correct.		
File Date 10 6 05			Wast 1	b. (//\n////	////-		

Print or Type Name of Officer

Form 630 12/01

President



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ 2004 Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 101808 Little Hands Preschool, Inc. 3 Street Address Principal Business Office State 80 Richmond Townhouse Road Carolina RI 02812 4. Business Phone No. 5. State of Incorporation 6. SIC Code 539-9900 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A PRESCHOOL. 8714 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Lisa Craig Holbrook Lisa Craig Holbrook Street Address Sireel Address 422 Hillsdale Road same City Zip State City State Z(p) West Kingston RI 02892 Treasurer Name Lisa Craig Holbrook Lisa Craig Holbrook Street Address Street Address same same Ctty State Zip City State 7.Ip 9. NAMES AND ADDRESSES OF THE DIRECTORS! ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Sircel Address City State Z_{ID} City State Zip Director Name Director Name Street Address Street Address City State 210 City State Z.ip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Scries Par Value 1,000 NO PAR VALUE 100 common no par This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements continued herein and true and correct File Date Signature of Officer Date Lisa Craig Holbrook

Print or Type Name of Officer

President

Title of Officer

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____ 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRI	VTED IN BLACK)					
1. Corporate ID No.	2. Name of Corpora	ation			<u> </u>	
101808	Little Hands	s Preschool, Inc.				
3. Street Address Principal Busine.			City	State	Zip	
80 Richmond Town	house Road		Carolina	RI	02812	
4. Business Phone No.		5. State of Incorpora	ation		6. SIC Code	
539-9900		RHODE ISL	AND		8714	
7. Brief Description of the Charact		in Rhode Island	· ···-		0/14	
			ce to the community.	•		
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACI	ES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Lisa Craig Holbr	тоок		Lisa Craig Ho	lbrook		
Street Address			Street Address			
422 Hillsdale Ro			same			
cin22	State	Zip	City	State	ZIp	
West Kingston Secretary Name	RI	02892	Treasurer Name		• • • • • •	
Lisa Craig Holbr Street Address	ook		Lisa Craig Holbrook Street Address			
same			same			
City	State	Zip	City	State	Zip	
9. NAMES AND ADDRE Director Name Street Address	SSES OF THE DIR	ECTORS (*x* Box for	ATTACHMENT) FILL IN SPA Director Name Street Address	CES BEFORE USING ATT	TACHMENTS	
City	State	71.	au.	_		
<i>,</i>	Sinte	Zip	City	State	ZIp	
Director Name	• ••	•	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZE	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	τ)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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1,000 NO PAR VALUE			100	common	no par	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date: _	5-27-03
Check No.:	2431
Ву:	Qu _
FOR SECRE	TARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that	I have examined
this report, including any accompanying schedule	s and statements, and
that all statements contained herein are true and	correct.
Susucia Malle	1
Signature of Officer	ate
Lisa Craig Holbrook	
Print or Type Name of Officer	
Danadanak	



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORA Filing Period: January 1-Ma	ATION ANNUAL	REPORT FOR TI	HE YEAR <u>20</u>	<u>02</u>
(FORM MUST BE TYPED IN BLACK)	6			12.
	ame of Corporation			`
101808 լ	Little Hands Preschool, Inc.			
3. Street Address Principal Business Office		City	State	Zip
80 Richmond Townhous 1. Business Phone No. 539-9900 1. Brief Description of the Character of Busine.	5. State of Incorp RHODE IS		RI	02812 6. SIC Code 8714
Providing daycare as B. NAMES AND ADDRESSES OF President Name	nd nursery school se	ervice to the communi ATTACHMENT) FILL IN SPACE Vice President Name	ty Es refore using attac	CHMENTS
Lisa Craig Holbrook		Lisa Craig H Street Address Same	olbrook	
422 Hillsdale Road State West KIngston	RI 02892	City	State	Zip
ectelary Name		 Treasurer Name		
Lisa Craig Holbrook reet Address same		Lisa Craig H	olbrook	
State State	Zip	City	State	Zip
. NAMES AND ADDRESSES OF Irector Name	THE DIRECTORS (*x* BOX FO	OR ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	ACHMENTS
reet Address		Street Address		
ity State	Zip	City	State	Zip
rector Name	• • • • • • • • • • • • • • • • • • • •	Director Name		
reel Address		Street Address		
ty State	Zip	City	State	Zip
D. SHARES AUTHORIZED ("X" BO THORIZED SHARIS	OX FOR ATTACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	7)
A 000 NO DAD	Series Par Value	Number of Shares	Cluss/Series	Par Value
1,000 NO PAR VALUE		100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	4/-22	2-62	
Check No.:	3	1977	
By:		Ze	

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. Signature of Officer

Lisa Craig Holbrook

Print or Type Name of Officer

President Title of Officer

3

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period Pindary y March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1.	Corporate ID No.
3.	Street Address Principal

Number of Shares

1,000 NO PAR VALUE

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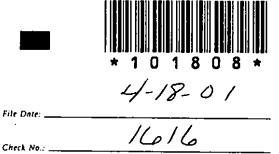
2. Name of Corporation Little Hands Preschool, Inc.

3. Street Address Principal Business			City	State	Zip
80 Richmond I	erophyse Rd.	•	Carolina	RI	02812
4. Business Phane No.	0501711	5. State of incorporation		•••	6. 89 §rde
401-539-9900		WHOLE TOURING			5117
7. Brief Description of the Character					
Providing day	care and nur	sery school servi	ces to the con	munity	
8. NAMES AND ADDRESS	SES OF THE OFFIC	CERS ("X" ROX FOR ATTACH		ES BEFORE USING ATT	CACHMENTS
President Name Lisa Craig Ho			Vice President Name Lisa Craig Ho]	brook	
422 Hillsdale	Road		Street Address Same		
West Kingston	State Ri ()2892	City	State	Zip
Secretary Name			Treasurer Name		
inen Lisa Craig holb	rook		Lisa Craig Hol	brook	
City Same	State	Zip	Same city	State	Zip
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	CTORS ("X" BOX FOR ATTAC		CES BEFORE USING A	TTACHMENTS
, and the same			Director Name		-
itreet Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name	• .	•
treet Address			Street Address	٠	·
Stry	State	Zip	City	State	Zip
O. SHARES AUTHORIZED	("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHME	ENT)

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares

100



Class/Series

Par Value

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Class/Series

common

Par Value

no par

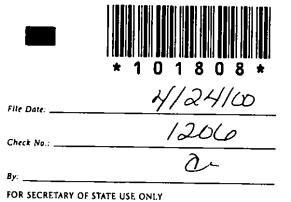
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 101808 Little Hands Preschool, Inc. 3. Street Address Principal Business Office ^{21p}02812 State 80 Richmond Townhouse Road Carolina RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-539-9900 RHODE ISLAND 8714 7. Brief Description of the Character of Business Conducted in Rhode Island Providing daycare and nursery school services to the community 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Lisa Craig Holbrook Lisa Craig Holbrook Street Address Street Address 422 Hillsdale Road same City State 21p West Kingston RI 02892 Treasurer Name Lisa Craig Holbrook Lisa Craig Holbrook Street Address same City Zio City State Zip 9) NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address State - 210 City State Zip Director Name Director Name Street Address Street Address State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE 100 Common new nospar

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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.
Disa Crais Halbroll 3.8.00
Signature of Officer
Lisa Craig Holbrook
Print or Type Name of Officer
President
Title of Officer



FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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i. Corporate ID No.	LACK) 2. Name of Corpor		- - · 		
0101808	•	lands Preschool,	Inc.		
3. Street Address Principal Busine			City	State	Zip
80 Richmond Town	House Road		Carolina	RI	02812
4. Business Phone No. 401-539-9900		5. State of Incorpora Rhode Is			6. SIC Code
7. Brief Description of the Charac	eter of Business Conducted	in Rhode Island			. 8714
9 NAMES AND ADDRES	re and nurser	y school servic	ces to the community	•	
President Name	2322 OF LUE OFF	TCERS I'X' BOX FOR AT	TACHMENT) FILL IN SPACES Vice President Name	S BEFORE USING ATTA	CHMENTS
Lisa Craig Holb	rook		Lisa Craig Hol	brook	
Street Address			: Street Address	-	
422 Hillsdale R	oad		. same		
West Kingston	State RI	zip 02892	City	State	Zip
Secretary Name	•		Treasurer Name	•••• ••• ••• ••• •••	••• •••••
Lisa Craig Holbs	rook		Lisa Craig Holl	brook	
same			same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS (*x* BOX FOR	ATTACHMENT) FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
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Director Name			Director Name	*************************	ر پر از
			Director Name		= 1
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10. SHARES AUTHORIZ.	ED (*x* box for att	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	π <u>τ</u>
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his report must be sign	n ed in ink by eith	er the President Vi	ce President, Secretary, Assi	istant Socretary Trans	
		ret the recordent, vi	ce Frestacitt, Secretary, Ass.	istant Secretary, Ireas	urer, Receiver or Truste
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				rjury, I declare and affire	
_				ig any accompanying sch contained herejh are grue	edules and statements, and and correct.
File Date:	AID VIO		Xna Ci	ais Meller	111
Check No.: OCT	2 9 1999 1	71/21/ a	Signature of Officer	1	Date //
 -		MU	<u>President</u>	- LISA CRAIG	HOLBROOK

Print or Type Name of Officer PRESIDENT

Title of Officer