



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 113410		2. Name of Corporation Crisyan Enterprises, Inc.			
3. Street Address Principal Business Office 1900 MINERAL SPRING AVENUE			City NORTH PROVIDENCE	State RI	Zip 02904-
4. Business Phone No. 4013548400		5. State of Incorporation RHODE ISLAND			6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO PROVIDE CHILD CARE/DAY CARE SERVICES

**8. NAMES AND ADDRESSES OF THE OFFICERS (X<sup>o</sup> BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Tricia Rose Morrissey			Vice President Name Tricia Rose Morrissey		
Street Address 30 Park Avenue			Street Address 30 Park Avenue		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name Tricia Rose Morrissey			Treasurer Name Tricia Rose Morrissey		
Street Address 30 Park Avenue			Street Address 30 Park Avenue		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905

**9. NAMES AND ADDRESSES OF THE DIRECTORS (X<sup>o</sup> BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

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

**10. SHARES AUTHORIZED (X<sup>o</sup> BOX FOR ATTACHMENT)  11. SHARES ISSUED (X<sup>o</sup> BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		201	Common	No Par Value

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



\*113410 DBC 01/26/05 11:04:16 AM  
File Date: 2-14-05  
Check No: 7203  
By: [Signature]  
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] 2/15/05  
Signature of Officer  
Tricia Rose Morrissey  
Print or Type Name of Officer  
President  
Title of Officer



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 2004**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 113410		2. Name of Corporation Crisyan Enterprises, Inc.			
3. Street Address Principal Business Office 1900 MINERAL SPRING AVENUE			City NORTH PROVIDENCE	State RI	Zip 02904-
4. Business Phone No. 4013548400		5. State of Incorporation RHODE ISLAND			6. SIC Code 8714
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE CHILD CARE/DAY CARE SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Tricia Rose Morrissey			Vice President Name Tricia Rose Morrissey		
Street Address 1900 Mineral Spring Avenue			Street Address 1900 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Tricia Rose Morrissey			Treasurer Name Tricia Rose Morrissey		
Street Address 1900 Mineral Spring Avenue			Street Address 1900 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			201	Common	No par value

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



\*113410 DBC 02/23/04 01:20:15 PM\*

File Date 3.2.04

Check No. 6915

By: TR

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.

Tricia Rose Morrissey 2/28/04  
Signature of Officer Date  
Tricia Rose Morrissey  
Print or Type Name of Officer  
President  
Title of Officer



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 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *113410*		2. Name of Corporation Crisyan Enterprises, Inc.			
3. Street Address Principal Business Office 1900 MINERAL SPRING AVENUE			City NORTH PROVIDENCE	State RI	Zip 02904-
4. Business Phone No. 4013548400		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE CHILD CARE/DAY CARE SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Tricia Rose Morrissey			Vice President Name Cecile M. Powers		
Street Address 30 Park Avenue			Street Address .		
City Cranston	State RI	Zip 02905	City .	State .	Zip .
Secretary Name Tricia Rose Morrissey			Treasurer Name Tricia Rose Morrissey		
Street Address 30 Park Avenue			Street Address 30 Park Avenue		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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 .
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			201	Common	None

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



\* 1 1 3 4 1 0 \*

\*113410 DBC2/10/0310:44:02 AM\*  
File Date 4.21.03  
Check No. 1165  
By: TRP  
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.

Tricia Rose Morrissey  
Signature of Officer Date  
Tricia Rose Morrissey  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **113410**  
2. Name of Corporation **Crisyan Enterprises, Inc.**  
3. Street Address Principal Business Office  
**1900 Mineral Spring Avenue**  
4. Business Phone No. **401-354-8400**  
5. State of Incorporation **RHODE ISLAND**

City **North Providence** State **RI** Zip **02904**  
6. SIC Code **8714**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**To provide child care and day care services.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Ryan J. Pullano**  
Street Address **1470 Newport Avenue**  
City **Pawtucket** State **RI** Zip **02860**  
Secretary Name **Ryan J. Pullano**  
Street Address **1470 Newport Avenue**  
City **Pawtucket** State **RI** Zip **02860**

Vice President Name **Christian Pullano**  
Street Address **1470 Newport Avenue**  
City **Pawtucket** State **RI** Zip **02860**  
Treasurer Name **Ryan J. Pullano**  
Street Address **1470 Newport Avenue**  
City **Pawtucket** State **RI** Zip **02860**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **NONE**  
Street Address  
City State Zip  
Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip  
Director Name  
Street Address  
City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common None**

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.

File Date: 5-6-02  
Check No.: 6102  
By: [Signature]

Signature of Officer: [Signature] Date: 01-25-02  
Print or Type Name of Officer: Ryan J. Pullano  
Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 113410 2. Name of Corporation CRISYAN Enterprises, Inc.

3. Street Address Principal Business Office  
1900 Mineral Spring Avenue City North Providence State RI Zip 02904

4. Business Phone No. 401-354-8400 5. State of Incorporation RHODE ISLAND 6. SIC Code 8714

7. Brief Description of the Character of Business Conducted in Rhode Island  
To provide child care and day care services.

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>Ryan J. Pullano</u> Street Address <u>1470 Newport Avenue</u> City <u>Pawtucket</u> State <u>RI</u> Zip <u>02860</u>	Vice President Name <u>Christian Pullano</u> Street Address <u>1470 Newport Avenue</u> City <u>Pawtucket</u> State <u>RI</u> Zip <u>02860</u>
--	---

Secretary Name <u>Ryan J. Pullano</u> Street Address <u>1470 Newport Avenue</u> City <u>Pawtucket</u> State <u>RI</u> Zip <u>02860</u>	Treasurer Name <u>Ryan J. Pullano</u> Street Address <u>1470 Newport Avenue</u> City <u>Pawtucket</u> State <u>RI</u> Zip <u>02860</u>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <u>NONE</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>	Director Name <u></u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>
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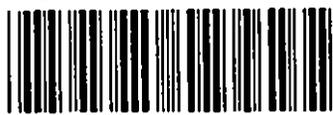
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
1,000 NO PAR VALUE

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
100 Common None

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



\* 1 1 3 4 1 0 \*

File Date: 3/19/01  
Check No.: 06-237197340  
By: ICP

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.

Ryan J. Pullano 2-26-01  
Signature of Officer Date

Ryan J. Pullano  
Print or Type Name of Officer

President  
Title of Officer