



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 OR PRINTED IN BLACK)

1. Corporate ID No 104762		2. Name of Corporation J & G Enterprises, Inc.			
3. Street Address Principal Business Office 1725 MENDON RD SUITE 105		City CUMBERLAND		State RI	Zip 02864
4. Business Phone No 401-334-9309		5. State of Incorporation RHODE ISLAND			6. SIC Code 8730
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE PROFESSIONAL SERVICES FOR CHILDREN INCLUDING, BUT NOT LIMITED TO, TESTING AND TUTORING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GAIL TUOMINEN			Vice President Name NONE		
Street Address 2 SQUANTUM AVE			Street Address		
City N. EASTON	State MA	Zip 02356	City	State	Zip
Secretary Name NONE			Treasurer Name JAMES M. TUOMINEN		
Street Address			Street Address 2 SQUANTUM AVE		
City	State	Zip	City N. EASTON	State MA	Zip 02356
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name GAIL TUOMINEN			Director Name JAMES M. TUOMINEN		
Street Address 2 SQUANTUM AVE			Street Address 2 SQUANTUM AVE		
City N. EASTON	State MA	Zip 02356	City N. EASTON	State MA	Zip 02356
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE		1,000	COMMON	NO PAR VALUE
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



File Date	1-11-05
Check No.	4941
By:	2
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: James M. Tuominen 1/9/05
Date: 1/9/05
Print or Type Name of Officer: JAMES M. TUOMINEN
Title of Officer: TREASURER



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 OR PRINTED IN BLACK)

1. Corporate ID No 104762		2. Name of Corporation J & G Enterprises, Inc.			
3. Street Address Principal Business Office 1725 MENDON RD SUITE 105		City CUMBERLAND		State RI	Zip 02864
4. Business Phone No 401-334-9309		5. State of Incorporation RHODE ISLAND			6. SIC Code 8730
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE PROFESSIONAL SERVICES FOR CHILDREN INCLUDING, BUT NOT LIMITED TO, TESTING AND TUTORING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GAIL TUOMINEN			Vice President Name NONE		
Street Address 2 SQUANTUM AVE			Street Address		
City N. EASTON	State MA	Zip 02356	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 NONE		
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
5000 3000 0.000 NO PAR VALUE	Common		10000 NONE	Common	NO PAR VALUE

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



* 1 0 4 7 6 2 *

File Date 4/22/04
Check No. 4494
By: u.

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.

Gail Tuominen 2/16/04
Signature of Officer Date

GAIL TUOMINEN

Print or Type Name of Officer

PRES.

Title of Officer



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

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 PRINTED IN BLACK)

1. Corporate ID No. 104762 2. Name of Corporation J & G Enterprises, Inc.
3. Street Address Principal Business Office 1725 MEMPHIS RD SUITE 105 City CUMBERLAND State CT Zip 02864
4. Business Phone No. 401 334 9309 5. State of Incorporation RHODE ISLAND 6. SIC Code 8730

7. Brief Description of the Character of Business Conducted in Rhode Island
EDUCATION - TEACHING AND TESTING

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

President Name GAIL D. TUOMINEN
Street Address 2 SQUANTUM AVENUE
City NORTH EASTON State MA Zip 02356

Vice President Name
Street Address
City State Zip

Secretary Name GAIL D TUOMINEN
Street Address

Treasurer Name GAIL D TUOMINEN
Street Address

City State Zip

City State Zip

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

Director Name GAIL D TUOMINEN
Street Address

Director Name
Street Address
City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

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

AUTHORIZED SHARES

Number of Shares 8,000 NO PAR VALUE Class/Series Par Value

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

ISSUED SHARES

Number of Shares 8000 Class/Series Par Value

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



* 1 0 4 7 6 2 *

File Date: 3-6-03

Check No.: 9098

By: ICP

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.

Gail D Tuominen 2/28/03
Signature of Officer Date

GAIL TUOMINEN
Print or Type Name of Officer

PRESIDENT
Title of Officer

5



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

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

104762

2. Name of Corporation

J & G Enterprises, Inc.

3. Street Address Principal Business Office

1725 MENDON RD. SUITE 105

City

CUMBERLAND

State

RI

Zip

02864

4. Business Phone No.

(401) 334-9309

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8730

7. Brief Description of the Character of Business Conducted in Rhode Island

PROFESSIONAL SERVICES FOR CHILDREN

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

GAIL D. TUOMINEN

Vice President Name

Street Address

2 SQUANTUM AVE

Street Address

City

N. EASTON

State

MA

Zip

02356

City

State

Zip

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

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

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)

AUTHORIZED SHARES

Number of Shares

8,000 NO PAR VALUE

Class/Series

Common

Par Value

0

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

ISSUED SHARES

Number of Shares

1000

Class/Series

Common

Par Value

0

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



* 1 0 4 7 6 2 *

File Date:

5-2-02

Check No.:

3580

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.

Gail D. Tuominen 2/11/02
Signature of Officer Date

GAIL D. TUOMINEN

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3041

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. 104762		2. Name of Corporation J & G ENTERPRISES, INC.			
3. Street Address Principal Business Office 1725 MENDON RD., SUITE 105		City CUMBERLAND	State RI	Zip 02864	
4. Business Phone No. (401) 334-9309		5. State of Incorporation RHODE ISLAND		6. SIC Code 8730	
7. Brief Description of the Character of Business Conducted in Rhode Island PROFESSIONAL SERVICES FOR CHILDREN					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GAIL D. TUOMINEN			Vice President Name		
Street Address 2 SQUANTUM AVE.			Street Address		
City N. EASTON	State MA	Zip 02356	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 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* 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
8,000		NO PAR VALUE			

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

File Date:	9-18-01
Check No.	3391
By:	2
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

Gail D. Tuominen **9/13/01**
Signature of Officer Date
GAIL D. TUOMINEN
Print or Type Name of Officer
PRESIDENT
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1333
401-222-3044



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **104762** 2. Name of Corporation **J & G Enterprises, Inc.**

3. Street Address Principal Business Office **1725 MENDON RD., SUITE 105** City **CUMBERLAND** State **RI** Zip **02864**

4. Business Phone No. **(401) 334-9309** 5. State of Incorporation **RHODE ISLAND**

6. SIC Code **8730**

7. Brief Description of the Character of Business Conducted in Rhode Island
PROFESSIONAL SERVICES FOR CHILDREN

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

President Name **GAIL D. TUOMINEN**

Vice President Name

Street Address **2 SQUANTUM AVE**

Street Address

City **N. EASTON** State **MA** Zip **02356**

City State Zip

Secretary Name

Treasurer Name

Street Address

Street Address

City State Zip 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

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)

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares Class/Series Par Value

Number of Shares Class/Series Par Value

8,000 NO PAR VALUE

1000 Common

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



* 1 0 4 7 6 2 *

File Date: **2-28-00**

Check No.: **2050**

By: **RD**

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.

Gail D. Tuominen 2/4/00
Signature of Officer Date

GAIL D. TUOMINEN
Print or Type Name of Officer

PRESIDENT
Title of Officer