

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 BIACK) L. Corporate ID No. 2. Name of Corporation 104762 J & G Enterprises, Inc. 3. Street Address Principal Business Office RI CUMBERLAND 03861 RHODE ISLAND 8730 7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE PROFESSIONAL SERVICES FOR CHILDREN INCLUDING, BUTNOT LIMITED TO, TESTING AND TUTORING. Vice President Name NONE Street Address City City 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address City Sinic Zip City Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Sumber of Shans ClassSeries Par Value Number of Shares 8,000 NO PAR VALUE 1,000 NO PARVAMA This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date Check No. FOR SECRETARY OF STATE USE ONLY

Under penalty of perjui	ry, I declare and affir	in that I have	examined this repor
including any accompa	mying schedules and	statements, a	nd that all statemen
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Print or Type Name of O	fficer		
TREA	SURER		

Title of Officer



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

Matthew A. Brown, Secretary of State

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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
File Date 4/22/04 Check No. 4494	contained herein are true and correct. Jack Tubnitiser 2/16/04 Signature of Officer Date
By:	Print or Type Name of Officer PRES. Title of Officer

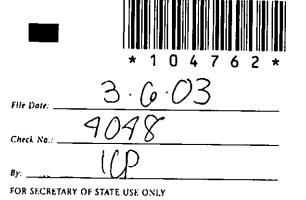


Edward S. Inman, 111, Secretary of State

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

PROFIT COR	PORATION ry 1-March 1 •	ANNUAL RE	PORT FOR TH	E YEAR	003 STO
FORM MUST BE TYPED OR PRI		•			INTRUCT
Corporate ID No.	2. Name of Corporati			•	· •
104762	J & G Enterp	rises, Inc.			
Street Address Principal Busin	.		City	State	Zip
1725 MEMDON Business Phone No.	RD JUITE 105		CUMBELLAYD	L I	02864
	9309	5. State of Incorporation			6. SIC Code
Brief Description of the Charac	cter of Business Conducted in	RHODE ISLAND Rhode Island AND TESTING			8730
NAMES AND ADDRI	• '	ERS ("X" BOX FOR ATTACL	IMENT) FILL IN SPACES	BEFORE USING ATTA	- CHACATE
csident Name	OMINEH		Vice President Name	DEFORE USING ATTA	schmen12
icei Addiess 2 SQUANTUI	n Avenue		Street Address		
"North Engl	M MA	02356	City	State	ZIp
GAAL D TUO eet Address	MINEN		Treasurer Name GAIL D J Street Address	DOMINEN	
<i>y</i>	State	Zip	City	State	ZIp
GAAL D JA	SSES OF THE DIREC	CTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name	S BEFORE USING AT	TACHMENTS
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nher of Shares	Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value
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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

GAIL THOMINEN

PRESIDENT

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Title of Officer

Form 630 12102



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

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		Filing Fee: \$50.00			
(FORM MUST BE TYPED IN BL. 1. Corporate ID No.	ACKI 2. Name of Corpora	ntion	 -		`
104762	J & G Enter				•
3. Street Address Principal Business	s Office	_	City	State	Zip
1725 MEN.	DON KD.		CUMBERLAND	$\mathcal{R}\mathcal{I}$	0286
4. Business Phone No. (401) 334-	9200	5. State of Incorporation RHODE ISLANE	,		6. SIC Code
7. Brief Description of the Characte	r of Business Conducted I	In Rhode Island			873
PROFESSION	UAL SERVI	CES FOR CHIL	DREN		
8. NAMES AND ADDRES	SSES OF THE OFF	CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BEF	ORE USING ATTACH	MENTS
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UIHORIZI) SHARES umber of Shares		<i>O</i> -	1000	Common	0-

T Trustee



File Date:	5-2-02	
Check No.:	3580	,
Ву:	2.	
FOR SECRETA	RY 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.

Print or Type Name of Officer TRESIDENT

Title of Officer **€** 5

Form 630 12/01



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

STOP PILASI READ

GORM MUST BE TYPED IN BLACK! 1. Corporate ID No. 2. Name of Corporation 104762 J&G ENTERPRISES 725 MENDON RD., SUITE 105 CUMBERLAND $\mathcal{R}\mathcal{I}$ 02864 state of Incorporation 6 SIC Code (401) 334-9309 RHODE 8730 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) DFILL IN SPACES BEFORE USING ATTACHMENTS Vice President Same GAIL / UOMINEN Street Address SOUANTUM N. EASTON MA 02356 Treasurer Name Street Address : Street Address 120 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) DFILL IN SPACES BEFORE USING ATTACHMENTS Director Name Sired gamess Secret Adams State City $\overline{|Z\eta|}$ State Dacctor Name Director Same Street Aggress Street Address City State 715 City 215 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Snares Number of Shares Class/Series Par Value 8,000 NO PARVALUE 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
File Date:	9-18-01	that all statements contained herein are true and correct
Check No	3391	Signature of Officer
By:	2	Fint or Type Name of Officer
FOR SECRETARY (DF STATE USE ONLY	THE OFFICE OFFIC

James R. Langevin, Secretary of Stat Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-222-304

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. 2. Name of Corporation 104762 J & G Enterprises, Inc. 3. Street Address Principal Business Office CUMBERLAND 1725 MENDON RD. SUITE 105 (401) 334-9309 RHODE ISLAND 7. Brief Description of the Character of Rusiness Conducted in Rhode island Professional Services for 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name I LOMINEN Street Address City N. EASTON State 02356 Zip Secretary Name Treasurer Name Street Address Street Address Clly 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 City State Zip

Director Name Street Address

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8,000 NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

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

Number of Shares

Class/Series

Par Value

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

Class/Series

Par Value

1000

Number of Shares

Director Name

Street Address

Comman

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



File Date:	5-58-00	
Check No.:	2050	
Ну:	RO	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and statements contained herein are true and correct.

RESIDEN

Title of Officer