



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Amended 2004

Filing Period: September 1 - November 1 • ~~Filing Fee \$50.00~~ →

AMENDED

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 120866		2. Exact name of the limited liability company Children of the Stars, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Commercial business operations, enterprises, and endeavors for profit	
5. Principal office address 270 Hopkins Hill Road		City Coventry	State RI
		Zip 02816	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Joseph D. Mazzotta		Contact Title Manager	
Street Address 270 Hopkins Hill Road		City Coventry	State RI
		Zip 02816	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name Joseph D. Mazzotta		• Manager Name .	
Street Address 270 Hopkins Hill Road		• Street Address .	
City Coventry	State RI	Zip 02816	• City .
• Manager Name .	• State .	• Zip .	• City .
Street Address .		• Street Address .	
City .	State .	Zip .	• City .
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Joseph D. Mazzotta		Address .	
Address 270 Hopkins Hill Road		City Coventry	Zip Rhode Island

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 0 8 6 6

FILED 60. 11.00 E 22 NOV

File Date JAN 21 2005

Check No By 800

By

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 Authorized Person

Date

JOSEPH D. MAZZOTTA

Print or Type Name of Authorized Person