



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No. 140169		2 Exact name of the limited liability company A Safer Start of Lincoln, LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island Child Care Center	
5 Principal office address 117 Woodbine Street		City Cranston	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Jason M. Colgan		Contact Title Manager	
Street Address 117 Woodbine Street		City Cranston	State RI
		Zip 02910	
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 Jason M. Colgan		Manager Name Lynsey Colgan	
Street Address 117 Woodbine Street		Street Address 117 Woodbine Street	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ANDREW G. SHOLES, ESQ.		Address	
Address 1375 WARWICK AVENUE		City WARWICK	Zip 02888

NOV 22 PM 12:47

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



140169

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 **FILED**
Check No. **NOV 22 2005**
By **[Signature]**
FOR SECRETARY OF STATE USE ONLY

[Signature] 9-20-05
Signature of Authorized Person Date
JASON COLGAN
Print or Type Name of Authorized Person