STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Div.
100 North Main S
Providence, RI 02903-
401 222

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	2. Name of Corporation			
38671	CARRIAGE HOUSE DAY CARE CENTER, LTD.			
3. Street Address Principal Business Office		City	State	Zip
156 SHAW AVE		CRANSTON	RI	02905
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-461-1660	RHODE ISLAND			8714
7. Brief Description of the Character of Business Conducted in Rhode Island				
CHILD CARE				

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

President Name	Vice President Name
EDWARD McGRATH	EDWARD A McGRATH
Street Address: 24 ALHAMBRA CIRCLE	Street Address: 156 SHAW AVE
City: CRANSTON State: RI Zip: 02905	City: CRANSTON State: RI Zip: 02905
Secretary Name	**Treasurer Name**
MARION A McGRATH	STEPHEN C McGRATH
Street Address: 156 SHAW AVE	Street Address: 1379 NARRAGANSETT BLVD
City: CRANSTON State: RI Zip: 02905	City: CRANSTON State: RI Zip: 02905

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

Director Name	Director Name
MARIANNE DE PERRY	
Street Address: 156 SHAW AVE	Street Address:
City: CRANSTON State: RI 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)*** ☐ **11. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
600 COMM NO PAR VALUE			600	COM	NO PAR VA

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

[redacted] [redacted]

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

Edward A McGrath
Signature of Officer *Date*

EDWARD A McGRATH
Print or Type Name of Officer

Vice President
Title of Officer

File Date	1/10/05
Check No.	8828
By:	JJ

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Divisi
100 North Main Str
Providence, RI 02903-13
401.222.30

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.	2. Name of Corporation
38671	CARRIAGE HOUSE DAY CARE CENTER, LTD.

3. Street Address Principal Business Office	City	State	Zip
156 Shaw Ave	Cranston	RI	02905

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401 461-3421	RHODE ISLAND	8714

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

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

President Name	Vice President Name
Edward McGrath	Edward A. McGrath
Street Address	Street Address
24 Alhambra Circle	156 Shaw Ave
City / State / Zip	City / State / Zip
Cranston / RI / 02905	Cranston / RI / 02905
Secretary Name	**Treasurer Name**
Marion A Mcbrath	Stephen C Mcbrath
Street Address	Street Address
156 Shaw Ave	1379 Narragansett BLVD
City / State / Zip	City / State / Zip
Cranston / RI / 02905	Cranston / RI / 02905

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

Director Name	Director Name
Marianne DePerry	
Street Address	Street Address
156 Shaw Ave	
City / State / Zip	City / State / Zip
Cranston / RI /	/ /
Director Name	**Director Name**
Street Address	Street Address
City / State / Zip	City / State / Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
600 COMM NO PAR VALUE			600	COM	NO PAR VA

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

[redacted] [redacted]

* 3 8 6 7 1 *

File Date 2-5-04
Check No. 8607
By: dc
FOR SECRETARY OF STATE USE ONLY

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

Stephen McGrath 2-4-04
Signature of Officer *Date*

Stephen McGrath
Print or Type Name of Officer

Treasurer
Title of Officer

[redacted]

Form 630 Rev. 12/03

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

Edward S. Inman, III, Secretary of St
Corporations Divi.
100 North Main Street, Providence, RI 02903-13
401-222-36

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.: 38671
2. Name of Corporation: CARRIAGE HOUSE DAY CARE CENTER, LTD.
3. Street Address Principal Business Office: 156 SHAW AVE. — City: CRANSTON — State: R.I. — Zip: 02905
4. Business Phone No: 401 461 1660
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 8714
7. Brief Description of the Character of Business Conducted in Rhode Island: CHILD CARE

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

President Name: EDWARD McGRATH
Street Address: 24 ALHAMBRA CIRCLE
City: CRANSTON — State: RI — Zip: 02905

Vice President Name: EDWARD A. McGRATH
Street Address: 156 SHAW AVE
City: CRANSTON — State: RI — Zip: 02905

Secretary Name: MARION A McGRATH
Street Address: 156 SHAW AVE.
City: CRANSTON — State: RI — Zip: 02905

Treasurer Name: STEPHEN C McGRATH
Street Address: 1379 NARRAGANSETT BLVD.
City: CRANSTON — State: RI — Zip: 02905

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

Director Name: MARIAINNE DE PIERRY
Street Address: 156 SHAW AVE
City: CRANSTON — State: RI — Zip: 02905

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
600 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600	Com	No Par Va

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

[redacted]

38671

File Date: 2/3/03

Check No.: 8191

By: SM

FOR SECRETARY OF STATE USE ONLY

[redacted]

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

Edward A McGrath — Date
Signature of Officer

EDWARD A. McGRATH
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

Form 630 12/02

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

Edward S. Inman, III, Secretary of Sta
Corporations Divisi
100 North Main Street, Providence, RI 02903-13
401 222-30

STOP
PLEASE READ
INSTRUCTIONS

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. 38671

2. Name of Corporation CARRIAGE HOUSE DAY CARE CENTER, LTD.

3 Street Address Principal Business Office 156 SHAW AVE

City CRANSTON *State* R.I. *Zip* 02905

4. Business Phone No 401 461 1660

5 State of Incorporation RHODE ISLAND

6. SIC Code 8714

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

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

President Name EDWARD McGRATH
Street Address 24 ALHAMBRA CIRCLE
City CRANSTON *State* RI *Zip* 02905

Secretary Name MARION A McGRATH
Street Address 156 SHAW AVE
City CRANSTON *State* R.I. *Zip* 02905

Vice President Name EDWARD A McGRATH
Street Address 156 SHAW AVE
City CRANSTON *State* RI *Zip* 02905

Treasurer Name STEPHEN C McGRATH
Street Address 1379 NARRAGANSIETT BLVD.
City CRANSTON *State* RI *Zip* 02905

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

Director Name MARIANNE DiPERRY
Street Address 156 SHAW AVE
City CRANSTON *State* RI *Zip* 02905

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*
600	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
600	Com	No PAR Val

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

* 3 8 6 7 1 *

File Date: 1-15-02

Check No.: 7846

By: JL

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

Edward A McGrath
Signature of Officer *Date*

EDWARD A McGRATH
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

Form 630 12/01

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

Corporations Divis
100 North Main Street, Providence, RI 02903-1
401-222-3(

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 38671
2. Name of Corporation: CARRIAGE HOUSE DAY CARE CENTER, LTD.

3. Street Address Principal Business Office: 156 SHAW Ave — City: CRANSTON — State: R.I — Zip: 02905
4. Business Phone No.: 461-461-1666
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 8714
7. Brief Description of the Character of Business Conducted in Rhode Island: CHild-Care

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

President Name: Edward McGRATH
Street Address: 24 Al HAMBRA Circle
City: CRANSTON — State: RI — Zip: 02905

Vice President Name: Edward A. McGRATH SR.
Street Address: 156 SHAW-Ave
City: CRANSTON — State: RI — Zip: 02905

Secretary Name: MARION A. McGRATH
Street Address: 156-SHAW-Ave
City: CRANSTON — State: RI — Zip: 02905

Treasurer Name: STEPHEN C. McGRATH
Street Address: 1379 NARRAGANSETT Blvd
City: CRANSTON — State: RI — Zip: 02905

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

Director Name: MARIANNE De PERRY
Street Address: 156-SHAW Ave
City: CRANSTON — State: RI — Zip: 02905

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
600	COM	NO PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600	COM	No Par Val

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

38671

File Date: 1-19-01

Check No.: 7486

By: DA

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, an that all statements contained herein are true and correct

Signature of Officer — Date

MARION A. McGRATH — 1-10-200.
Print or Type Name of Officer

SECRETARY
Title of Officer

Form 630 12/0

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

James R. Langevin, Secretary of S
Corporations Divi
100 North Main Street, Providence, RI 02903-1
401-222-3

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.: 38671
2. Name of Corporation: CARRIAGE HOUSE DAY CARE CENTER, LTD.
3. Street Address Principal Business Office: 156 SHAW Ave — City: CRANSTON — State: RI — Zip: 02905
4. Business Phone No.: 461-1660
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 8714
7. Brief Description of the Character of Business Conducted in Rhode Island: CHildCare

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

President Name: Edward McGrath
Street Address: 24 Alhambra Circle
City: CRANSTON — State: RI — Zip: 02905

Vice President Name: Edward A. McGrath
Street Address: 156 SHAW Ave
City: CRANSTON — State: RI. — Zip: 02905

Secretary Name: Marianne De Perry
Street Address: 196 SHAW Ave
City: CRANSTON — State: RI — Zip: 02905

Treasurer Name: Stephen C. McGrath
Street Address: 1379 NARRAGANSETT Blvd
City: CRANSTON — State: RI — Zip: 02905

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

Director Name: Marion A. McGrath
Street Address: 156 SHAW Ave
City: CRANSTON — State: RI — Zip: 02905

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
600	COM	NO PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600	Com	No Par Val

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

* 38671 *

File Date: 2-16-00

Check No.: 7117

By: AMF

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, a that all statements contained herein are true and correct.

Edward A McGrath 1/17/00
Signature of Officer *Date*

EDWARD A McGRATH
Print or Type Name of Officer

Vice President
Title of Officer

Form 630 12

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

James R. Langevin, Secretary of St
Corporations Divis
100 North Main Street, Providence, RI 02903-1
401-222-3(

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ
INSTRUCTION

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: **38671**
2. Name of Corporation: **CARRIAGE HOUSE DAY CARE CENTER, LTD.**
3. Street Address Principal Business Office: 156 Shaw Ave. | City: Cranston | State: RI | Zip: 02905
4. Business Phone No.: 461-1660
5. State of Incorporation: **RHODE ISLAND**
6. SIC Code: **8714**
7. Brief Description of the Character of Business Conducted in Rhode Island: Child Care

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

President Name: F Edward McGrath	Vice President Name: L Lynn McGrath
Street Address: 24 Alhambra Circle	Street Address: 24 Alhambra Circle
City: Cranston State: RI Zip: 02905	City: Cranston State: RI Zip: 02905
Secretary Name: M Marianne DePerry	Treasurer Name: S Stephen McGrath
Street Address: 195 Shaw Ave.	Street Address: 1379 Narragansett Blvd.
City: Cranston State: RI Zip: 02905	City: Cranston State: RI Zip: 02905

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	Class/Series	Par Value
600		None

600 COM NO PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
600		

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

* 3 8 6 7 1 *

File Date: 1/15/99

Check No.: 6236

By: JMD

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, ar that all statements contained herein are true and correct.

Stephen McGrath 1-11-99
Signature of Officer *Date*

Stephen McGrath
Print or Type Name of Officer

Treasurer
Title of Officer

Form 31 12/

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

James R. Langevin, *Secretary of S*
Corporations Divi
100 North Main Street, Providence, RI 02903-1
401-277-3

PROFIT CGRPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No: **38671**
2. Name of Corporation: **CARRIAGE HOUSE DAY CARE CENTER, LTD.**
3. Street Address Principal Business Office: 156 SHAW AVE. — City: CRANSTON — State: R.I. — Zip: 02905
4. Business Phone No: 401 461 1660
5. State of Incorporation: **RHODE ISLAND**
6. SIC Code: **8714**
7. Brief Description of the Character of Business Conducted in Rhode Island: Child Care 3 mos + up Pre School

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

President Name: MARION A. McGRATH
Street Address: 156 SHAW AVE.
City: CRANSTON — State: RI — Zip: 02905

Vice President Name: EDWARD A McGRATH SR
Street Address: 156 SHAW Ave
City: CRANSTON — State: RI — Zip: 02905

Secretary Name: Edward A McGrath SR
Street Address: 156 SHAW Ave.
City: CRANSTON — State: RI — Zip: 02905

Treasurer Name: MARION A. McGRATH
Street Address: 156 SHAW Ave
City: CRANSTON — State: RI — Zip: 02905

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name: STEPHEN C. McGRATH
Street Address: 1379 NARRAGANSETT Blvd
City: CRANSTON — State: RI — Zip: 02905

Director Name: EDWARD A McGRATH II
Street Address: 24 ALHAMBRA Circle
City: CRANSTON — State: RI — Zip: 02905

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: 0 — Class/Series: — Par Value:

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*
ISSUED SHARES
Number of Shares: — Class/Series: — Par Value:

600 COM NO PAR VAL

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

* 3 8 6 7 1 *

RECEIVED
SECRETARY OF STATE
98 JAN 21 PM 3:51

File Date: 2-27-98
Check No.: 6401
By: LP

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, a that all statements contained herein are true and correct.

Marion A McGrath — 1-19-98
Signature of Officer — *Date*

MARION A. McGRATH
Print or Type Name of Officer

President
Title of Officer

Form 31 12

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 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No: **38671**

2. Name of Corporation: **CARRIAGE HOUSE DAY CARE CENTER, LTD.**

3. Street Address Principal Business Office: 156 - SHAW - Ave. City: CRANSTON State: RI Zip: 02905

4. Business Phone No: 461-461-1660

5. State of Incorporation: **RHODE ISLAND**

6. SIC Code: 8714

7. Brief Description of the Character of Business Conducted in Rhode Island: Quality - Child Care Center

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

President Name: MARION A. McGRATH
Street Address: 156 SHAW Ave.
City: CRANSTON State: RI Zip: 02905

Vice President Name: SAME
Street Address:
City: State: Zip:

Secretary Name: Edward. A McGrath - Sr
Street Address: 156 - SHAW Ave
City: CRANSTON State: RI Zip: 02905

Treasurer Name: SAME
Street Address:
City: State: Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name: EWARD. A. McGRATH
Street Address: 24 ALHAMBRA Circle
City: CRANSTON State: RI Zip: 02905

Director Name:
Street Address: None
City: State: Zip:

Director Name: STEPHEN C McGRATH
Street Address: 1379 NARRAGANSETT - Blvd
City: CRANSTON State: RI Zip: 02905

Director Name:
Street Address: None
City: State: Zip:

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES — Number of Shares: 600 Class/Series: None Par Value: None

ISSUED SHARES — Number of Shares: None Class/Series: None Par Value: None

600 COM NO PAR VAL

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

* 3 8 6 7 1 *

File Date: 1/15/97

Check No: 6009

By: PCA WC

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.

Marion A. McGrath 1-3-97
Signature of Officer *Date*

MARION A McGRATH 1-3-97
Print or Type Name of Officer

Title of Officer
PRESIDENT

Form 31 12/96

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

State of Rhode Island and Providence Plantati
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
38671	CARRIAGE HOUSE DAY CARE CENTER, LTD.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
156 SHAW Ave	CRANSTON	RI	02905

4. BUSINESS PHONE NO	5. STATE OF INCORPORATION	6. SIC CODE
401 461 1660	RHODE ISLAND	8980

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Child Care Service

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	VICE PRESIDENT NAME
MARION A. McGRATH	
STREET ADDRESS: 156 SHAW Ave	STREET ADDRESS:
CITY: CRANSTON STATE: RI ZIP CODE: 02905	CITY: STATE: ZIP CODE:
SECRETARY NAME	**TREASURER NAME**
MARION A. McGRATH	MARION A. McGRATH
STREET ADDRESS: 156 SHAW Ave	STREET ADDRESS: 156 SHAW Ave
CITY: CRANSTON STATE: RI ZIP CODE: 02905	CITY: CRANSTON STATE: RI ZIP CODE: 02905

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
Edward A. McGRATH	STEPHEN C. McGRATH
STREET ADDRESS: 26 ALHAMBRA Circle	STREET ADDRESS: 1379 NARRAGANSETT Blvd
CITY: CRANSTON STATE: RI ZIP CODE: 02905	CITY: CRANSTON STATE: RI ZIP CODE: 02905
DIRECTOR NAME	**DIRECTOR NAME**
STREET ADDRESS:	STREET ADDRESS:
CITY: STATE: ZIP CODE:	CITY: STATE: ZIP CODE:

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600	COM NO PAR VAL		600		

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 t
report, including any accompanying schedules and statements, and t
all statements contained herein are true and correct.

Marion A. McGrath
Signature of Officer

MARION A. McGRATH
Print or Type Name of Officer

President
Title of Officer

1-20-96
Date

File Date: 4/2/96
Check No: 5652
By: CC / G

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT
Please Type or Prin
File Annually – Jan. 1 - March
Filing Fee $50.0(
Make Checks Payable to: Secretary of Stat

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0035671 Annual Report for the year: 1995

Name of Corporation: CARRIAGE HOUSE DAY CARE CENTER, LTD.

Business entity organized under the laws of the State of: R.I.

For foreign entity, address and telephone number of principal office:

Phone: (401) 461-1660

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
156 SHAW Ave.
CRANSTON RI 02905

Phone: (401) 461-1660

Business Entity is (check one):
[✓] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
Child Care Services

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	Marion A. McGrath	156 SHAW Ave.	CRANSTON RI	02905
VICE PRESIDENT		STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	Marion A. McGrath	156 SHAW Ave	CRANSTON	02905
TREASURER	Marion A. McGrath	156 SHAW Ave	CRANSTON	02905

THE NAMES OF THE DIRECTORS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	Edward A McGrath	26 Hamboro Circle	CRANSTON	02905
NAME		STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	Stephen C. McGrath	1379 Narragansett Blvd	CRANSTON	02905

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
100	COMMON		

Date 1-12 1995

By: Marion A. McGrath
MARION A. McGRATH
PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING: President

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

EDWARD A. MCGRATH
156 SHAW AVE.
PROVIDENCED RI 02905

Filing Fee $50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT

4947 JB

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March

State of Rhode Island and Providence Plantations

Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277 3040

Corporate ID: 0038671

Annual Report for the year: 1994

Name of Business Entity: CARRIAGE HOUSE DAY CARE CENTER, LTD.

Business entity organized under the laws of the State of: RHODE ISLAND

Federal Taxpayer Identification Number: [redacted]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

156 SHAW AVENUE
CRANSTON, R.I. 02905

Phone: (401) 461 1660

Business Entity is (check one):

[✓] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

MARION A. MC GRATH
156 SHAW AVENUE
CRANSTON, RI
02905

Brief statement of the character of business conducted in Rhode Island:

Date of Organization: 5-12-86

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☑ PRESIDENT (Check One)	MARION A. MC GRATH	156 SHAW AVENUE	CRANSTON RI	0290
☐ CHIEF OPERATING OFFICER OR ☑ VICE PRESIDENT (Check One)	EDWARD A MC GRATH	"	"	"
☐ CUSTODIAN OF RECORDS OR ☑ SECRETARY (Check One)	EDWARD A MC GRATH	"	"	"
☐ CHIEF FINANCIAL OFFICER OR ☑ TREASURER (Check One)	MARION A MC GRATH	"	"	"

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
MARION A MC GRATH	"	"	"
EDWARD A. MC GRATH	"	"	"

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 100

CLASS

SERIES

PAR VALUE OR WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER NONE

CLASS

SERIES

PAR VALUE OR WITHOUT PAR

FILED
FEB 09 1994
BY

Date 1/18/94, 19

By: Edward A Mc Grath

EDWARD A. MC GRATH
PRINT OR TYPE NAME OF OFFICER SIGNING

SECRETARY
TITLE OF OFFICER SIGNING

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0038571

Annual Report for the year 1993

FIRST: The name of the corporation is CARRIAGE HOUSE DAY CARE CENTER, LTD

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to own & operate a day care center and to do all legal things incidental thereto including but not limited to the ownership of real estate

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 156 Shaw Ave Cranston RI 02905

AH 4619

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Marino J. The Death	Director	156 Shaw Ave Cranston RI 029
	Director	
	Director	
Marino J. The Death	President	
Edward J. The Death	Vice President	
Edward J. The Death	Secretary	
Marino J. The Death	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		

FILED
MAR 16 1993

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
NONE			

Dated 3-16 19 93

Carriage House Day Care Ltd
(Name of Corporation)

By Marino J. The Death

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0038671 Annual Report for the year 1992

FIRST: The name of the corporation is CARRIAGE HOUSE DAY CARE CENTER, LTD

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To own & operate Day-Care-Center & To Do All Legal-Things Incidental Thereto Including But Not Limited To The Ownership of Real Estate

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 156 - SHAW - Ave CRANSTON RI 02

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
MARION A McGRATH	Director	156 - SHAW Ave CRANSTON RI
	Director	
	Director	
MARION A McGRATH	President	
EDWARD A McGRATH	Vice President	
EDWARD A McGRATH	Secretary	
MARION A McGRATH	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
606			NO PAR VALUE

SS 4288

Rec'd & Filed FEB 18 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
NONE			

Dated 2-12 1992

Carriage House Day Care Ctr. Ltd.
(Name of Corporation)

By Marion A McGrath

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0033871 Annual Report for the year 1991

FIRST: The name of the corporation is CARRIAGE HOUSE DAY CARE CENTER, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To own, operate Day Care Center & To do all things legal incidental thereto including but not limited to the ownership of real estate

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 156 Shaw Ave Cranston 02905

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
MARION A McGRATH	Director	156 SHAW Ave CRANSTON 02905
	Director	
	Director	
MARION A McGRATH	President	156 SHAW Ave CRANSTON 02905
EDWARD A McGRATH	Vice President	" " "
EDWARD A McGRATH	Secretary	" " "
MARION A. McGRATH	Treasurer	" " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
60			

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
NONE			

Dated January 11 1991

(Name of Corporation)

By Marion A McGrath

Title Pres

(Report must be signed by an officer)

Form 31 1/85

SEC'Y OF STATE JAN 14 1991 PAID

EDWARD A. MCGRATH
156 SHAW AVE.
PROVIDENCED RI 02905

Filing Fee $15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 000867[illegible] Annual Report for the year 1990

FIRST: The name of the corporation is CARRIAGE HOUSE DAY CARE CENTER, LTD.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is TO OWN & OPERATE DAY CARE CENTER & TO DO ALL LEGAL THINGS INCIDENTAL THERETO INCLUDING BUT NOT LIMITED TO THE OWNERSHIP OF REAL ESTATE

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 156 SHAW AVENUE CRANSTON RI 02905

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
MARION A McGRATH	Director	156 SHAW AVE CRANSTON RI 02905
	Director	
	Director	
MARION A McGRATH	President	156 SHAW AVE CRANSTON RI 02905
EDWARD A McGRATH	Vice President	156 SHAW AVE CRANSTON RI 02905
EDWARD A McGRATH	Secretary	156 SHAW AVE CRANSTON RI 02905
MARION A McGRATH	Treasurer	156 SHAW AVE CRANSTON RI 02905

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600			NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
NONE			

Dated October 12/1989 19

CARRIAGE HOUSE DAY CARE CENTER LTD.
(Name of Corporation)

By Edward A. McGrath

Title Vice President

(Report must be signed by an officer)

Form 31 1/85

R-49267

Rec'd & Filed OCT 12 1990

RECEIVED SECRETARY OF STATE CORPORATIONS DIV. OCT 12 3 12 PM '90

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0038671 Annual Report for the year 1989

FIRST: The name of the corporation is CARRIAGE HOUSE DAY CARE CENTER, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To own & operate day care center & to do all legal things incidental there to including but not limited to the ownership of Real-Estate

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 156 SHAW AVE CRANSTON RI 02905-

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
MARION A. McGRATH	Director	156-SHAW AVE CRANSTON RI 02905
	Director	
	Director	
MARION A. McGRATH	President	156 SHAW AVE CRANSTON RI 02905
EDWARD A McGRATH	Vice President	156 SHAW AVE CRANSTON RI 02905
EDWARD A. McGRATH	Secretary	156 SHAW AVE CRANSTON RI 02905
MARION A McGRATH	Treasurer	156 SHAW AVE CRANSTON RI 02905

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600			No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
NONE			

PAID APR 11 1989

Dated March 25 19 89

CARRIAGE HOUSE DAY CARE CENTER LTD
(Name of Corporation)

By Marion A McGrath

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 38671 Annual Report for the year 1988

FIRST: The name of the corporation is Carriage House Day Care Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to own and operate a day care center and to do all legal things incidental thereto including but not limited to the ownership of real estate.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 156 Shaw Ave.,Cranston,R.I. 02905

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Marion A. McGrath	Director	156 Shaw Ave.,Cranston,R.I. 02905
	Director	
	Director	
Marion A. McGrath	President	156 Shaw Ave.,Cranston,R.I. 02905
Edward A. McGrath	Vice President	" " " " "
Edward A. McGrath	Secretary	" " " " "
Marion A. McGrath	Treasurer	" " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par value

PAID FEB 19 1988 DIVISION

EIGHTH: Number of Shares issued:

No of Shares	Class	Series	Par Value or statement that shares are without par value
none			

FEB 19 1988

Dated February 18, 19 88

Carriage House Day Care Ltd.
(Name of Corporation)

By Marion A. McGrath

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 38671 Annual Report for the year 1987

FIRST: The name of the corporation is Carriage House Day Care Center, Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to own and operate a day care center and to do all legal things incidentql thereto including but not limited to the ownership of real estate.

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 156 Shaw Avenue, Cranston, R.I. 02905

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Marion A. McGrath	Director	156 Shaw Ave., Cranston, R.I. 02905
	Director	
	Director	
Marion A. McGrath	President	156 Shaw Ave., Cranston, R.I. 02905
Edward A. McGrath	Vice President	156 Shaw Ave., Cranston, R.I. 02905
Edward A. McGrath	Secretary	156 Shaw Ave., Cranston, R.I. 02905
Marion A. McGrath	Treasurer	156 Shaw Ave., Cranston, R.I. 02905

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
NONE			

02/24/87 PAID
ANRE CHEK 0298A001 15.00

Dated February 19, 1987

Carriage House Day Care Center, Ltd.
(Name of Corporation)

By Marion A. McGrath

Title President

FEB 19 1987

(Report must be signed by an officer)

Form 31 1/85