

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Contorations Division 100 North Main Street Providence, RI 02903-1335 401 222 3046

ROFIT CORPORATION ANNU	AL REPORT F	OR THE YEAR
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2005 Filing Period: January 1 - March 1 💎 🔹 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1 Corporate ID No. 2 Name of Corporation MONTESSORI CENTRE OF BARRINGTON, INC Street Address Principal Business Office 303 Sowams Road Barrington 02806 RT a Husiness Prone No. 5. State of Incorporation C. SIC Code 245-4754 RHODE ISLAND Bruf Description of the Character of Business Conducted in Rhede Island OPERATE A CHILD CARE CENTER 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \_\_\_\_ FILL IN SPACES BEFORE USING ATTACHMENTS Vi. c President Name Rey Ann G. Mills Skyler D. Mills Sirver Addiess Street Address 35 John Kesson Lane 35 John Ke/son Lane Middletown 02842 ŔΤ RI 02842 Middletown Secretary Name Skyler D. Mills Skyler D. Mills Street 4.5hess Street Address 35 John Kesson Lane 35 John Kesson Lane State 02842 RΙ 02842 Middletown Middletown RI 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Rey Ann Mills Skyler **D**. Mills Street Address Street Address 35 John Kesson Lane 35 John Kesson Lane Middletown Duceta Vanue RI 02842 Middletown 02842 RΙ Director Name John Swing None Street Address Street Address 61 East 86th Street  $Z\psi$ New York NY 10028 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ACTITICERIZED SCIARIES ISSUED SHARES Sumfer of Shares Class Series Par Value Namber of Shares Class Series Par Value **500 NO PAR VALUE** 200 No Par Value Common 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 contained herein are trug and correct. a-7-05 Signatural of Officer Rey Ann G. Mills, President Print or Type Name 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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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 BIACK) 1. Corporate ID No. 2 Name of Corporation 117078 MONTESSORI CENTRE OF BARRINGTON, INC 3 Street Address Principal Business Office State ZID 303 Sowams Road <u>Barrington</u> 02806 4. Husiness Phone No. 5. State of Incorporation 6 SIC Coxle 8714 401-245-4754 RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Rhode Island OPERATE A CHILD CARE CENTER 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Rey Ann G. Mills Skyler D. Mills Street Address Street Address 35 John Kesson Lane 35 John Kesson Lane City Zip State City State .l.....Q2842... .....RI...... ...Middletown. .....RI...... J.....02842..... Secretary Name Treasurer Name Skyler D. Mills <u>Skyler D. Mills</u> Street Address 35 John Kesson Lane <u>35 John Kesson Lane</u> Zip State Zφ 02842 02842 Middletown 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Rey Ann Mills <u>Skyler D. Mills</u> Servet Address Street Address <u>35 John Kesson Lane</u> <u>35 John Kesson Lane</u> Middletown 02842 02842 RI .Middletown Director Name Director Name John Swing none Street Address Street Address 61 East 86th Street, Apt. State Z.ip City State Z.(p New York NY 10028 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 **500 NO PAR VALUE** Common 200 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 contained herein are trie and co File Date unter of Officer Check No REY ANN G. MILLS

Print or Type Name of Officer

Title of Officer

PRESIDENT

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

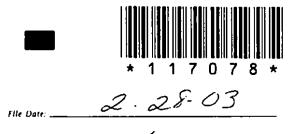
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Filing Perlod: Januar	y 1-March 1 •	Filing Fee: \$50.00	)		INSTRUCTI
FORM MUST BE TYPED OR PRII 1. Corporate ID No. 117078	2. Name of Corpora	ion ORI CENTRE OF BARR	INGTON, INC.		
3. Street Address Principal Busine 303 Sowams Roa			City Barrington	State RI	<sup>zip</sup> 02806
4. Rusiness Phone No. 245–4754		5. State of Incorporate RHODE ISLA			6. SIC Code
7. Brief Description of the Churac Operate a chi	•				
8. NAMES AND ADDRE President Name  Rey Ann G. Mi: Street Address  35 John Kesso	lls	CERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES I Vice President Name Skyler D. Mi Street Address 35 John Kess		CHMENTS
Gily Middletown	State RI	<sup>21p</sup> 02842	<i>cny</i> Middletown	State RI	zip 02842
Secretury Name Skyler D. Mil	ls		Deasurer Name Skyler D. Mi	lls	
Street Address 35 John Kesso	n Lane		Street Address 35 John Kess	on Lane	
c <sub>ity</sub> M <b>iddletown</b>	State RI	7ip 02842	<i>сну</i> Middletown	State RI	<sup>Zip</sup> 02842
9. NAMES AND ADDRE  Director Name  Rey Ann G. Mi  Street Address		ECTORS (*x* BOX FOR	ATTACHMENT) FILL IN SPACE  Director Name  Skyler D. Mi	S BEFORE USING ATT	TACHMENTS
35 John Kesso	n Lane		35 John Kess	on Lane	
City Middletown	State RI	717 02842	Clty MIddletown	State RI	21p 02842
Director Name John Swing			Director Name None		
Street Address 61 East 86th	Street, Apt.	51	Street Address		
City New York	State NY	zip 10028	City	State	ZIp
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACHMEN	IT)
Number of Shares	Class/Series	Far Value	Number of Shares	Cluss/Serles	Par Value

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

200-

**₹** 



Check No.:

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**500 NO PAR VALUE** 

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.

Common

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Bu	yar	wy	mile	s Fel	18	2003
Signature :	Officer			Date	7	
D	<b>1</b> – <b>C</b>	W411a	Draaid	3 <b>-2 +</b>		

Rey Ann G. Mills, President

Print or Type Name of Officer

Pusident

Title of Officer

Form 630 12/02

No Par Value

Edward S. Inman, III. Secretary of State Corporations Divinor 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.

2. Name of Corporation

117078

MONTESSORI CENTRE OF BARRINGTON, INC.

3. Street Address Principal Business Office <sup>Zφ</sup> 02806 Barrington 303 Sowams Road RΙ 4. Business Phone No. 6 SIC Code 5 State of Incorporation 8714 245-4754 Rhode Island

7 Brief De.	coption of the Character Operate a cl							
8. NAM	ES AND ADDRESS	ES OF THE O	FFICERS ("X" I	BOX FOR ATTACH		FILL IN SPACES BE	FORE USING ATTA	CHMENTS
, it wat in	Rey Ann G. 1	Mills			11011		D. Mills	
Street Addr	•				Street	Address		
	35 John Kes	son Lane				35 John	Kesson Lane	
City		State	Zip		City		State	Zip
	Middletown		RI	02842		Middletown	RI	02842
Secretary N	ume				Treaso	iter Name		
	Skyler D. M	ills				Skyler D. Mil	lls	
Street Addr	rss 35 John Kes:	son Lane			Street	Address 35 John Kesso	on Lane	
City	Middletown	State	Zip RI	02842	City	Middletown	State RI	дір 02842
9. NAM Director No	ES AND ADDRESS	ES OF THE D	IRECTORS (*x	* BOX FOR ATTA		r) FILL IN SPACES	BEFORE USING AT	TACHMENTS
Rey Ann G. Mills Street Address			Skyler D. Mills Street Address					
City •	35 John Kes	son Lane	Zip		City	35 John Kesso	on Lane State	Zip
Director S.	Middletown	RI	028	342	Direct	Middletown or Name	RI	02842
Street Addi	John Swing				Street	None Address		
	61 East 86t				_		_	
City		State	Zip		City		State	Zip
10 0111	New York	NY		028				
	RES AUTHORIZEI	O ("X" BOX FOR	ATTACHMENT)	ε		HARES ISSUED (*x*	BOX FOR ATTACHMEN	(1)
AUTHORIZE					:	SHARES		
Number of	Shares	Class/Series	Par Vali	ic.	Numb	er of Shares	Class/Senes	Par Value

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

No Par value

200

	2 0 62	
File Date:	<u> 3-8-02                                     </u>	
Check No .	4/3	
By:	Amr	
FOR SECRETAR	RY OF STATE USE ONLY	

Common

500

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.

Common

Farm 630 12001

No Par Value