



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 BLACK)

1. Corporate ID No. <b>117078</b>		2. Name of Corporation <b>MONTESSORI CENTRE OF BARRINGTON, INC.</b>			
3. Street Address Principal Business Office <b>303 Sowams Road</b>			City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
4. Business Phone No. <b>245-4754</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <b>OPERATE A CHILD CARE CENTER</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Rey Ann G. Mills</b>			Vice President Name <b>Skyler D. Mills</b>		
Street Address <b>35 John Kesson Lane</b>			Street Address <b>35 John Kesson Lane</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>Skyler D. Mills</b>			Treasurer Name <b>Skyler D. Mills</b>		
Street Address <b>35 John Kesson Lane</b>			Street Address <b>35 John Kesson Lane</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Rey Ann Mills</b>			Director Name <b>Skyler D. Mills</b>		
Street Address <b>35 John Kesson Lane</b>			Street Address <b>35 John Kesson Lane</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Director Name <b>John Swing</b>			Director Name <b>None</b>		
Street Address <b>61 East 86th Street</b>			Street Address		
City <b>New York</b>	State <b>NY</b>	Zip <b>10028</b>	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
<b>500 NO PAR VALUE</b>			<b>200</b>	<b>Common</b>	<b>No Par Value</b>

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



\*117078\*

File Date	<b>2-7-05</b>
Check No.	<b>1109</b>
By	<b>KTB</b>
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.

**Rey Ann G. Mills** **2005**  
Signature of Officer Date

**Rey Ann G. Mills, President**

Print or Type Name of Officer

**President**  
Title of Officer



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 117078		2. Name of Corporation MONTESSORI CENTRE OF BARRINGTON, INC.			
3. Street Address Principal Business Office 303 Sowams Road			City Barrington	State RI	Zip 02806
4. Business Phone No 401-245-4754		5. State of Incorporation RHODE ISLAND			6. SIC Code 8714
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rey Ann G. Mills			Vice President Name Skyler D. Mills		
Street Address 35 John Kesson Lane			Street Address 35 John Kesson Lane		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Skyler D. Mills			Treasurer Name Skyler D. Mills		
Street Address 35 John Kesson Lane			Street Address 35 John Kesson Lane		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Rey Ann Mills			Director Name Skyler D. Mills		
Street Address 35 John Kesson Lane			Street Address 35 John Kesson Lane		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Director Name John Swing			Director Name none		
Street Address 61 East 86th Street, Apt. 5X 71			Street Address		
City New York	State NY	Zip 10028	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE	Common		200	Common	no par value

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



\* 1 1 7 0 7 8 \*

File Date	1-16-04
Check No.	863
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 Officer

REY ANN G. MILLS

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

117078

2. Name of Corporation

MONTESSORI CENTRE OF BARRINGTON, INC.

3. Street Address Principal Business Office

303 Sowams Road

City

Barrington

State

RI

Zip

02806

4. Business Phone No.

245-4754

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Rey Ann G. Mills

Vice President Name

Skyler D. Mills

Street Address

35 John Kesson Lane

Street Address

35 John Kesson Lane

City

Middletown

State

RI

Zip

02842

City

Middletown

State

RI

Zip

02842

Secretary Name

Skyler D. Mills

Treasurer Name

Skyler D. Mills

Street Address

35 John Kesson Lane

Street Address

35 John Kesson Lane

City

Middletown

State

RI

Zip

02842

City

Middletown

State

RI

Zip

02842

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Rey Ann G. Mills

Director Name

Skyler D. Mills

Street Address

35 John Kesson Lane

Street Address

35 John Kesson Lane

City

Middletown

State

RI

Zip

02842

City

Middletown

State

RI

Zip

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 AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

500 NO PAR VALUE

Number of Shares

Class/Series

Par Value

200

Common

No Par Value

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



\* 1 1 7 0 7 8 \*

File Date: 2.28.03

Check No.: 4020

By: [Signature]

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.

Rey Ann G. Mills Feb 8, 2003  
Signature of Officer Date

Rey Ann G. Mills, President

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/02



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

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 2002**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 117078 2. Name of Corporation MONTESSORI CENTRE OF BARRINGTON, INC.  
3. Street Address Principal Business Office 303 Sowams Road City Barrington State RI Zip 02806  
4. Business Phone No 245-4754 5. State of Incorporation Rhode Island 6. SIC Code 8714

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) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Rey Ann G. Mills	Vice President Name	Skyler D. Mills
Street Address	35 John Kesson Lane	Street Address	35 John Kesson Lane
City	Middletown	City	Middletown
State	RI	State	RI
Zip	02842	Zip	02842
Secretary Name	Skyler D. Mills	Treasurer Name	Skyler D. Mills
Street Address	35 John Kesson Lane	Street Address	35 John Kesson Lane
City	Middletown	City	Middletown
State	RI	State	RI
Zip	02842	Zip	02842

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

Director Name	Rey Ann G. Mills	Director Name	Skyler D. Mills
Street Address	35 John Kesson Lane	Street Address	35 John Kesson Lane
City	Middletown	City	Middletown
State	RI	State	RI
Zip	02842	Zip	02842
Director Name	John Swing	Director Name	None
Street Address	61 East 86th Street, Apt. 51	Street Address	
City	New York	City	
State	NY	State	
Zip	10028	Zip	

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
500	Common	No Par value

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
200	Common	No Par Value

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 true and correct.

File Date 3-8-02

Check No 413

By: AMR

FOR SECRETARY OF STATE USE ONLY

Signature of Officer Rey Ann G. Mills Date Feb 27, 2002

Print or Type Name of Officer President - Rey Ann G Mills

Title of Officer President