



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. 51279		2. Name of Corporation Breezy Knoll Child Care Center, Inc.			
3. Street Address Principal Business Office 311 Stillwater Road			City Smithfield	State RI	Zip 02917
4. Business Phone No. 401-232-7177		5. State of Incorporation RHODE ISLAND			6. SIC Code 8714
7. Brief Description of the Character of Business Conducted in Rhode Island CHILD CARE SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jane M. Yeoman			Vice President Name Jennah A. Yeoman		
Street Address 311 Stillwater Road			Street Address 311 Stillwater Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Jane M. Yeoman			Treasurer Name Jennah A. Yeoman		
Street Address 311 Stillwater Road			Street Address 311 Stillwater Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <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
100 NO PAR VALUE			100	Common	No Par Value

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



FILED
File Date: APR 07 2005
Check No: By: [Signature] 3007
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: [Signature]
Date: _____
Print or Type Name of Officer: Jane M. Yeoman
Title of Officer: President



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. 51279		2. Name of Corporation Breezy Knoll Child Care Center, Inc.			
3. Street Address Principal Business Office 311 Stillwater Road			City Smithfield	State RI	Zip 02917
4. Business Phone No. 401-232-7177		5. State of Incorporation RHODE ISLAND		6. SIC Code 8714	
7. Brief Description of the Character of Business Conducted in Rhode Island CHILD CARE SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jane M. Yeoman			Vice President Name Jannah A. Yeoman		
Street Address 311 Stillwater Road			Street Address 311 Stillwater Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Jane M. Yeoman			Treasurer Name Jannah A. Yeoman		
Street Address 311 Stillwater Road			Street Address 311 Stillwater Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <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
100 NO PAR VALUE			100	common	no par value

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



* 5 1 2 7 9 *

File Date **FILED**

Check No. **JAN 15 2004**

By: **By Michelle I**

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.

Jane M. Yeoman 1-15-04
Signature of Officer Date
Jane M. Yeoman
Print or Type Name of Officer
President
Title of Officer



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. **51279** 2. Name of Corporation **Breezy Knoll Child Care Center, Inc.**
3. Street Address Principal Business Office
311 Stillwater Road
4. Business Phone No. **(401) 232-7177** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Smithfield** State **RI** Zip **02917**
6. SIC Code **8714**

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

President Name **Jane M. Yeoman**
Street Address **193 Harris Road**
City **Smithfield** State **RI** Zip **02917**

Vice President Name **Jannah A. Yeoman**
Street Address **193 Harris Road**
City **Smithfield** State **RI** Zip **02917**

Secretary Name **Jane M. Yeoman**
Street Address **193 Harris Road**
City **Smithfield** State **RI** Zip **02917**

Treasurer Name **Jannah A. Yeoman**
Street Address **193 Harris Road**
City **Smithfield** State **RI** Zip **02917**

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

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
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common no par value

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



* 5 1 2 7 9 *

File Date: 2-27-03
Check No.: 1831
By: Jm

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 Jannah A. Yeoman Date 2/26/03
Print or Type Name of Officer Jannah A. Yeoman

President
Title of Officer
5 Form 639 1202



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. **51279**
2. Name of Corporation **Breezy Knoll Child Care Center, Inc.**
3. Street Address Principal Business Office
311 Stillwater Road
4. Business Phone No. **(401) 232-7177**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Smithfield** State **RI** Zip **02917**
6. SIC Code **8714**

CHILD CARE SERVICES

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

President Name **Jane M. Yeoman**
Street Address **193 Harris Road**
City **Smithfield** State **RI** Zip **02917**
Secretary Name **Jane M. Yeoman**
Street Address **193 Harris Road**
City **Smithfield** State **RI** Zip **02917**

Vice President Name **Jannah A. Yeoman**
Street Address **193 Harris Road**
City **Smithfield** State **RI** Zip **02917**
Treasurer Name **Jannah A. Yeoman**
Street Address **193 Harris Road**
City **Smithfield** State **RI** Zip **02917**

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

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
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 common no par value

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



* 5 1 2 7 9 *

File Date: 2-5-02
Check No: 1317
By: [Signature]

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 [Signature] Date 2/26/02
Jane M. Yeoman

Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **51279** 2. Name of Corporation **Breezy Knoll Child Care Center, Inc.**
3. Street Address Principal Business Office **311 Stillwater Road** City **Smithfield** State **RI** Zip **02917**
4. Business Phone No. **(401) 232-7177** 5. State of Incorporation **Rhode Island** 6. SIC Code **8714**

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

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

President Name Jane M. Yeoman	Vice President Name Bruce A. Yeoman
Street Address 193 Harris Road	Street Address 193 Harris Road
City Smithfield, State RI Zip 02917	City Smithfield, State RI Zip 02917
Secretary Name Jane M. Yeoman	Treasurer Name Bruce A. Yeoman
Street Address 193 Harris Road	Street Address 193 Harris Road
City Smithfield, State RI Zip 02917	City Smithfield, State RI Zip 02917

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	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 SHARES NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100

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

File Date: 6/18/01
Check No.: 2025
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.

[Signature] 6/12/01
Signature of Officer Date
Jane M. Yeoman
Print or Type Name of Officer
President
Title of Officer



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. **51279** 2. Name of Corporation **Breezy Knoll Child Care Center, Inc.**
3. Street Address Principal Business Office **311 Stillwater Road** City **Smithfield** State **Rhode Island** Zip **02917**
4. Business Phone No. **(401) 232-7177** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8714**
7. Brief Description of the Character of Business Conducted in Rhode Island

CHILD CARE SERVICES

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

President Name Jane M. Yeoman	Vice President Name Bruce A. Yeoman
Street Address 193 Harris Road	Street Address 193 Harris Road
City State Zip Smithfield Rhode Island 02917	City State Zip Smithfield Rhode Island 02917
Secretary Name Jane Y. Yeoman	Treasurer Name Bruce A. Yeoman
Street Address 193 Harris Road	Street Address 193 Harris Road
City State Zip Smithfield Rhode Island 02917	City State Zip Smithfield Rhode Island 02917

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
100 SHS NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
176

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



* 5 1 2 7 9 *

File Date: 4/14/00
Check No.: 7317
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.

[Signature] 4/12/00
Signature of Officer Date
Jane M. Yeoman
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **51279** 2. Name of Corporation **Breezy Knoll Child Care Center, Inc.**
3. Street Address Principal Business Office **311 Stillwater Road** City **Smithfield** State **Rhode Island** Zip **02917**
4. Business Phone No. **(401) 232-7177** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8714**

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

Child Care Services

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

President Name	Jane M. Yeoman	Vice President Name	Bruce A. Yeoman
Street Address	193 Harris Road	Street Address	193 Harris Road
City	Smithfield	City	Smithfield
State	Rhode Island	State	Rhode Island
Zip	02917	Zip	02917
Secretary Name	Jane M. Yeoman	Treasurer Name	Bruce A. Ywoman
Street Address	193 Harris Road	Street Address	193 Harris Road
City	Smithfield	City	Smithfield
State	Rhode Island	State	Rhode Island
Zip	02917	Zip	02917

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		City	
State		State	
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par Value

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



* 5 1 2 7 9 *

File Date: 3/3/99

Check No. 7010

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.

[Signature] Date 2/26/99

Jane M. Yeoman

Print or Type Name of Officer

President

Title of Officer



PROFIT CORPORATION 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. 51279 2. Name of Corporation Breezy Knoll Child Care Center, Inc.
3. Street Address Principal Business Office 311 Stillwater Road City Smithfield State R.I. Zip 02917
4. Business Phone No. (401) 232-7177 5. State of Incorporation RI 6. SIC Code 8714
7. Brief Description of the Character of Business Conducted in Rhode Island
Child Care Services

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

President Name	<u>Jane M. Yeoman</u>	Vice President Name	<u>Bruce A. Yeoman</u>
Street Address	<u>193 Harris Road</u>	Street Address	<u>193 Harris Road</u>
City	<u>Smithfield</u> State <u>R.I.</u> Zip <u>02917</u>	City	<u>Smithfield</u> State <u>R.I.</u> Zip <u>02917</u>
Secretary Name	<u>Jane M. Yeoman</u>	Treasurer Name	<u>Bruce A. Yeoman</u>
Street Address	<u>193 Harris Road</u>	Street Address	<u>193 Harris Road</u>
City	<u>Smithfield</u> State <u>R.I.</u> Zip <u>02917</u>	City	<u>Smithfield</u> State <u>R.I.</u> Zip <u>02917</u>

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

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
100 SHS NO PAR VAL

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

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

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

File Date: 9/10/98
Check No.: 6692
By: JMB
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: Jane M. Yeoman Date: 8/26/98
Print or Type Name of Officer: Jane M. Yeoman
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No **51279** 2 Name of Corporation **Breezy Knoll Child Care Center, Inc.**
3 Street Address Principal Business Office **311 Stillwater Road** City **Smithfield** State **RI** Zip **02917**
4 Business Phone No. **(401) 232-7177** 5 State of Incorporation **RHODE ISLAND** 6 SIC Code **8714**
7 Brief Description of the Character of Business Conducted in Rhode Island
Child Care Services

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

President Name Jane M. Yeoman Street Address 193 Harris Road City Smithfield State RI Zip 02917 Secretary Name Jane M. Yeoman Street Address 193 Harris Road City Smithfield State RI Zip 02917	Vice President Name Bruce A. Yeoman Street Address 193 Harris Road City Smithfield State RI Zip 02917 Treasurer Name Bruce A. Yeoman Street Address 193 Harris Road City Smithfield State RI Zip 02917
--	---

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

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR VAL			100	Common	No Par Value

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



File Date: 1/17/97
Check No.: 6091
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.
X [Signature] 1/8/97
Signature of Officer Date
Jane M. Yeoman
Print or Type Name of Officer
President
Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO. 51279
2 NAME OF CORPORATION Breezy Knoll Child Care Center, Inc.
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE 311 Stillwater Rd
CITY Smithfield STATE RI ZIP CODE 02917
4 BUSINESS PHONE NO (401) 2327177
5 STATE OF INCORPORATION RHODE ISLAND
6 SIC CODE 8714
7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Child Care Services

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Jane M Yeoman STREET ADDRESS 193 Harris Rd CITY Smithfield STATE RI ZIP CODE 02917	VICE-PRESIDENT NAME Bruce A Yeoman STREET ADDRESS 193 Harris Rd CITY Smithfield STATE RI ZIP CODE 02917
SECRETARY NAME Jane M Yeoman STREET ADDRESS 193 Harris Rd CITY Smithfield STATE RI ZIP CODE 02917	TREASURER NAME Bruce A Yeoman STREET ADDRESS 193 Harris Rd CITY Smithfield STATE RI ZIP CODE 02917

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME STREET ADDRESS CITY STATE ZIP CODE	DIRECTOR NAME STREET ADDRESS CITY STATE ZIP CODE
DIRECTOR NAME STREET ADDRESS CITY STATE ZIP CODE	DIRECTOR NAME STREET ADDRESS 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
100 SHS	NO PAR VAL		100	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: 1/16/96
Check No: 5458
By: *cc/lf*
For Secretary of State Use Only

Signature of Officer: *Jane M Yeoman*
Print or Type Name of Officer: Jane M Yeoman
Title of Officer: President
Date: 1/9/96

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 Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

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

0051279

Corporate ID:

Annual Report for the year:

1995

Name of Corporation:

Breezy Knoll Child Care Center, Inc.

Business entity organized under the laws of the State of: **Rhode Island**

Business Entity is (check one):

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

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

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

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

child care

**311 Stillwater Road
 Smithfield, RI 02917**

Phone: (401) 232-7177

THE NAMES OF THE OFFICERS ARE:

OFFICER	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	Jane M. Yeoman	193 Harris Road	Smithfield, RI	02917
VICE PRESIDENT	Leslie R. Branca	5 Karen Ann Drive	Smithfield, RI	02917
SECRETARY	Ralph J. Branca	5 Karen Ann Drive	Smithfield, RI	02917
TREASURER	Bruce A. Yeoman	193 Harris Road	Smithfield, RI	02917

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

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
100	Common	100	Common

FILED
 MAR 03 1995
 1004 30
 4966

Date **February 28,** 19 **95**

By: *Jane M. Yeoman*
Jane M. Yeoman
 PRINT OR TYPE NAME OF OFFICER SIGNING
President
 TITLE OF OFFICER SIGNING

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.

**ERNEST V. BEGIN
 595 PUTNAM PIKE
 GREENVILLE RI 02828**

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT
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

File Annually
LLC Sep 1 - Nov 1
CORP Jan 1 - March 1

Corporate ID: 0051279 Annual Report for the year: 1994

Name of Business Entity: Breezy Knoll Child Care Center, Inc.

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

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

311 Stillwater Road
Smithfield, RI 02917

Phone: (401) 232-7177

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

Ernest V. Began, Esquire
595 Putnam Pike
Greenville, RI 02828

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

child day care center

Date of Organization: August 1, 1988

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

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT OR CEO	Jane M. Yeoman	193 Harris Road	Smithfield, RI	02917
<input type="checkbox"/> CHIEF OPERATING OFFICER OR VICE PRESIDENT OR COO	Leslie R. Branca	5 Karen Ann Drive	Smithfield, RI	02917
<input type="checkbox"/> CUSTODIAN OF RECORDS OR SECRETARY OR ASST. SECRETARY	Ralph J. Branca	5 Karen Ann Drive	Smithfield, RI	02917
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR TREASURER OR ASST. TREASURER	Bruce A. Yeoman	193 Harris Road	Smithfield, RI	02917

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
N/A			

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 100

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR Without par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR Without par value

Date February 10, 1994

By [Signature]

Jane M. Yeoman
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

FILED

FEB 25 1994

Form 31 1994

By [Signature]

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

WILLIAM M. HEFFERNAN
155 WESTMINSTER STREET, SUITE 1200
PROVIDENCE RI 02903

Filing fee \$ 50.00

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

1602 m r e

Corporate ID..... 51279 Annual Report for the year..... 1993

FIRST: The name of the corporation is Breezy Knoll Child Care Center, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is child care

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 311 Stillwater Road, Smithfield, RI 02917

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

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
Jane M. Yeoman	President	5 Karen Ann Dr., Smithfield, RI 02917
Leslie R. Branca	Vice President	193 Harris Rd., Smithfield, RI 02917
Ralph J. Branca	Secretary	193 Harris Rd., Smithfield, RI 02917
Bruce A. Yeoman	Treasurer	5 Karen Ann Dr., Smithfield, RI 02917

SEVENTH: Number of Shares authorized:

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

PAID

FEB 08 1993

SECY OF STATE

EIGHTH: Number of Shares issued:

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

Dated January 26, 19 93

Breezy Knoll Child Care Center, Inc.

(Name of Corporation)

By *Jane M. Yeoman*
Jane M. Yeoman

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 51279 Annual Report for the year 1992

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	Director	
	Director	
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Bruce A. Yeoman	Secretary	193 Harris Road, Smithfield, RI 02917
Ralph J. Branca	Treasurer	5 Karen Ann Drive, Smithfield, RI 02917

SEVENTH: Number of Shares authorized:

No of Shares	Class
100	

Par Value or statement that shares are without par value

All shares will be without par value

EIGHTH: Number of Shares issued:

No of Shares	Class
100	

Par Value or statement that shares are without par value

All shares will be without par value

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PAID
FEB 18 1992
REG. DE STATE
Series

Dated February 10 19 92

Breezy Knoll Child Care Center, Inc.
(Name of Corporation)

By Jane M. Yeoman
Title President

(Report must be signed by an officer)

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

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EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			All shares will be without par value

PAID
FEB 27 1991
SECY OF STATE

Dated February 8 1991 Breezy Knoll Child Care Center, Inc.
(Name of Corporation)

By Jane M. Yoeman
Title president

(Report must be signed by an officer)

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 51279 Annual Report for the year 1990

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	Director	
	Director	
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Bruce A. Yeoman	Secretary	193 Harris Rd., Smithfield, RI 02917
Ralph J. Branca	Treasurer	5 Karen Ann Dr., Smithfield, RI 02917

PAID

JUL 11 1990

SECY OF STA

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			All shares will be without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			All Shares will be without par value

Dated February 27, 1990 Breezy Knoll Child Care Center, Inc.

(Name of Corporation)
By Jane M. Yeoman
Title President

(Report must be signed by an officer)

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 51279

Annual Report for the year 1989

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	Director	PAID
	Director	JUL 11 1990
	Director	SEC'Y OF STA'
Jane M. Yeoman	President	193 Harris Rd., Smithfield, RI 02917
Leslie R. Branca	Vice President	5 Karen Ann Dr., Smithfield, RI 02917
Bruce A. Yeoman	Secretary	102 Harris Rd., Smithfield, RI 02917
Ralph J. Branca	Treasurer	5 Karen Ann Dr., Smithfield, RI 02917

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EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100			All Shares will be without par value

Dated February 1989

Breezy Knoll Child Care Center, Inc.

By Jane M. Yeoman
President