



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
(617) 222-3040

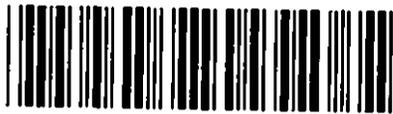
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11: Corporate ID No., Name of Corporation, Street Address, Business Phone No., State of Incorporation, Brief Description of Business, Names and Addresses of Officers and Directors, Shares Authorized, Shares Issued.

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



File Date: 2/25/05
Check No.: 1010
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: Margaret Quinn
Date: 2/22/05
Print or Type Name of Officer: Margaret Quinn
Title of Officer: President

FOR SECRETARY OF STATE USE ONLY



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)

Form with sections 1-11: Corporate ID No. 107583, Name of Corporation S & Q Enterprises Ltd., Street Address Principal Business Office 17025 Menden Rd, Business Phone No 333-9970, State of Incorporation RHODE ISLAND, Brief Description of the Character of Business Conducted in Rhode Island DAY CARE AND RELATED SERVICES, Names and Addresses of the Officers (President JoAnn Stokes, Vice President Margaret Quinn), Names and Addresses of the Directors (JoAnn Stokes, Margaret Quinn), Shares Authorized (100 NO PAR VALUE common NPV), Shares Issued (100 common NPV).

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



FILED

APR 14 2004

By: M. 32732 GSN

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: MARGARET F QUINN, Date: 4/16/04, Title of Officer: Vice President



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *107583* 2. Name of Corporation S & Q Enterprises Ltd.

3. Street Address Principal Business Office 63 BRIARCLIFF AVENUE City WARWICK State RI Zip 02889-

4. Business Phone No. 4013339970 5. State of Incorporation RHODE ISLAND 6. SIC Code 8714

7. Brief Description of the Character of Business Conducted in Rhode Island
DAY CARE AND RELATED SERVICES.

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

President Name Joann Stokes Vice President Name Margaret F. Quinn

Street Address 8 Logan Drive Street Address 63 Briarcliff Ave.

City Lincoln State RI Zip 02865 City Warwick State RI Zip 02889

Secretary Name Margaret F. Quinn Treasurer Name Joann Stokes

Street Address 63 Briarcliff Ave. Street Address 8 Logan Drive

City Warwick State RI Zip 02889 City Lincoln State RI Zip 02865

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

Director Name Joann Stokes Director Name Margaret F. Quinn

Street Address 8 Logan Drive Street Address 63 Briarcliff Ave.

City Lincoln State RI Zip 02865 City Warwick State RI Zip 02865

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 |
| 100 | NO PAR VALUE | | 100 | COMMON | NPV |
| | | | | | |

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



**107583* 3/15/03 10:54:35 AM*
File Date 3-20-03
Check No. 1842
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]
Signature of Officer Date
Joann Stokes, President
Print or Type Name of Officer
Title of Officer Form 630 12/01



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. *107583* | | 2. Name of Corporation S & Q Enterprises Ltd. | |
| 3. Street Address Principal Business Office 63 BRIARCLIFF AVENUE | | City WARWICK | State RI |
| 4. Business Phone No. 1-401-333-9970 | | 5. State of Incorporation RHODE ISLAND | 6. SIC Code 0 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island DAY CARE AND RELATED SERVICES. | | | |

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

| | | | | | |
|---------------------------------------|-------------|--------------|--|-------------|--------------|
| President Name Joanne Stokes | | | Vice President Name Margaret F. Quinn | | |
| Street Address 287 Rochambeau Ave. | | | Street Address 63 Briarcliff Ave. | | |
| City Providence | State RI | Zip 02906 | City Warwick | State RI | Zip 02889 |
| Secretary Name Joanne Stokes | | | Treasurer Name Margaret F. Quinn | | |
| Street Address 287 Rochambeau Ave. | | | Street Address 63 Briarcliff Ave. | | |
| City Providence | State RI | Zip 02906 | City Warwick | State RI | Zip 02889 |

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

| | | | | | |
|---------------------------------------|-------------|--------------|--------------------------------------|-------------|--------------|
| Director Name Joanne Stokes | | | Director Name Margaret F. Quinn | | |
| Street Address 287 Rochambeau Ave. | | | Street Address 63 Briarcliff Ave. | | |
| City Providence | State RI | Zip 02906 | City Warwick | State RI | Zip 02889 |
| 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 | NPV |

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 AUG 13 2 32 PM '02

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



107583 DBC7/29/210522300

FILED

File Date AUG 13 2002

Check No. BY COM 289417

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] 7/31/02

Signature of Officer Joanne Stokes
Date

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. **107583** 2. Name of Corporation **S & Q Enterprises Ltd.**

3. Street Address Principal Business Office **63 BRIARCLIFF AVE.** City **WARWICK** State **RI** Zip **02889**

4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
DAY CARE AND RELATED SERVICES

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

| | |
|--|---------------------|
| President Name JOANN STOKES | Vice President Name |
| Street Address 63 BRIARCLIFF AVE. | Street Address |
| City WARWICK State RI Zip 02889 | City State Zip |

| | |
|----------------|----------------|
| Secretary Name | Treasurer Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

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

| | |
|--|----------------|
| Director Name JOANN STOKES | Director Name |
| Street Address 63 BRIARCLIFF AVE. | Street Address |
| City WARWICK State RI Zip 02889 | 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 | NO | PAR VALUE |

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

| ISSUED SHARES | Number of Shares | Class/Series | Par Value |
|---------------|------------------|---------------|------------|
| | 100 | COMMON | NPV |

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



* 1 0 7 5 8 3 *

3-16-01

File Date: _____

1377

Check No.: _____

2

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.

Joanne M. Stokes 3-15-01
Signature of Officer Date

Joanne M. Stokes
Print of True 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. **107583** 2. Name of Corporation **S & Q Enterprises Ltd.**
3. Street Address Principal Business Office _____ City _____ State _____ Zip _____
63 Briarcliff Ave. **Warwick** **R.I.** **02889**
4. Business Phone No. _____ 5. State of Incorporation **RHODE ISLAND**
6. SIC Code _____

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

Day care and related services

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

| | |
|---|--|
| President Name JoAnn Stokes Street Address 63 Briarcliff Ave. City Warwick State R.I. Zip 02889 | Vice President Name _____ Street Address _____ City _____ State _____ Zip _____ |
| Secretary Name _____ Street Address _____ City _____ State _____ Zip _____ | Treasurer Name _____ Street Address _____ City _____ State _____ Zip _____ |

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

| | |
|--|--|
| Director Name JoAnn Stokes Street Address 63 Briarcliff Ave. City Warwick State R.I. Zip 02889 | 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 | Class/Series | Par Value |
|-------------------------|--------------|-----------|
| 100 NO PAR VALUE | | |

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

| ISSUED SHARES | Class/Series | Par Value |
|---------------|---------------|------------|
| 100 | COMMON | NPV |

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



* 1 0 7 5 8 3 *

File Date: 3/1/00
Check No.: 1087
By: JLV

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 _____ Date _____

Print or Type Name of Officer _____

Title of Officer _____