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Matthew A. Brown, Secretary of State,

100 North Main Street Providence, RI 02903-1335

401.222.3040

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

1. Corporate ID No 108687 SILVEIRA KINDERGARTEN AND NURSERY, INC.	
143 Peikham (and	T (1284)
401-846-9051 State of Incorporation	6 SIC Code
7. Brief Description of the Chamilton of Business Conducted in Rhode Island TO CONDUCT AND OPERATE A KINDERGARTEN AND NURSERY SCHOOL.	8730
8. NAMES AND ADDRESSES OF THE OFFICERS. (TWO DOWN TO THE	
President Name Vice President Name Vice President Name	ORE USING ATTACHMENTS
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Middletern State PI 2402842 City State	Zıp
WIA Treasurer Name	, <u>.</u>
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9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEI	
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City State Zip City State	Zip
Director Name Director Name Director Name	
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES 11. SHARES ISSUED ("X" BOX FOR ISSUED ("X" BOX FOR ISSUED SHARES	ATTACHMENT)
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Tr	reasurer, Receiver or Trustee
Under penalty of perjury, I declare and	d affirm that I have examined this are
File Date FILED	es and statements, and that all statements
Check No. MAR 1 1 2005 Signature of Officer	U 1/18/05 Date
By Theresa M, Sp. Print or Type Name of Officer	pengler
FOR SECRETARY OF STATE USE ONLY FOR SECRETARY OF STATE USE ONLY Title of Officer	J



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

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

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Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 20 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2 Name of Corporation 108667 SILVEIRA KINDERGARTEN AND NURSERY, INC. 3. Street Address Principal Business Office 5. State of Incorporation **RHODE ISLAND** 8730 Pre-school + Rondingarten 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS State Zip Secretary Name Street Address Street Address City State Zip City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address State 71p Director Name Street Address Street Address City State Zip City State Zio 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 2,000 NO PAR VALUE none

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

P	* 108687* FILED
File Date: Check No.:	JAN 2 9 2003
Bv:	BV CM-16-29
FOR SECRETAR	LY 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.
Dhoramsperfler 1/24/03
Theresa M. Spengler
President
Ntle of Officer Form 639 12/02



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Zip

Par Value

PROFIT	CORPORATION	ANNUAL.	REPORT	FOR	THE	VFAR	2002
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Filing Period: January 1-March 1 • Filing Fee: \$50.00

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1. Street Address Principal Busines	is Office		City	State	Zip
143 Peckham	Lane		Middletown	RI	02842
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401-846-92	51	RHODE ISLAND			8730
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B. NAMES AND ADDRE	SSES OF THE OFFICE	ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES B	EFORE USING ATT	ACHMENTS
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Theresa M.	Sopnaler		A / Y	A	
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Middletown	Road				
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Tity	State	Zip	City	State	Zip

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

Theresa M. Spengler Street Address City State 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 ESSUED SHAKES Number of Shares Class/Series Par Value Number of Shares Class/Series

2,000 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:	2-4-62	
Check No.:	1134	
Ву:	2-	
	Y 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

THE OF OFFICER

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



FORM MUST BE TYPED IN BE	LACK)				
1 Corporate ID No.	2. Name of Corpora	ation			
108687	SILVEIRA	KINDERGARTEN AND	NURSERY, INC.		
3 Street Address Principal Busine	ss Office	1	City	State	Zip
4. Business Phone No.	kham	Lane 5. State of Incorporation	Middleto	un KI	C) D 8
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401-846- 7 Brief Description of the Charac	ter of Business Conducted	in Rhode Island			
Pre-5 cha	il and k	Lindergarten (Classes		
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
President Name		•	Vice President Name		
Theresu N	1. Speng	ler	Street Address		
an IIII Wappi Middletown	ng Rd State	Zit	Gity	State	Zip
Middletown	RI	02842	·	-	4.4
N/I.A			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR ATI	ACHMENT) FILL IN SPA	CES BEFORE USING ATT	ACHMENTS
Director Name		1 -	Director Name		
Theresa	M Speng	ler			
			Street Address		
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Director Name	, ,	O(X,Q,Q)	Director Name		
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Street Address			Street Address		
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2,000 NO PAR VA	LUE				
			رساد.		

his report must be signed in ink by either the President	, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust
	Under penalty of perjury, I declare and affirm that I have examined
# 1 0 8 6 8 7 * 29	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No :	Signature of Officer Date There sa Ma Spangler Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

SILVEIRA KINDERGARTEN AND NURSERY, INC.



(FORM MUST BE TYPED IN BLACK)

2 Name of Corporation

1. Curporate ID No.

108687

3. Street Address Principal Business Office

City Middletown Director Name	state RI	000
Street Address		
City	State	Zip
10. SHARES AUTHOR	IZED ("X" BOX FOR ATT	ACHMENT)
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143 Pe	ckham Lan		Middletown	KI	028
4. Business Phone No.	9251	S. State of Incorporation RHODE ISLAN	D		6. SIC Code
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8. NAMES AND ADI President Name	DRESSES OF THE OFFI	CERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BI Vice President Name	EFORE USING ATTA	CHMENTS
Street Address .	M. Spen	gler		esa M. So	penglev
IIII Wapp	ping Rd	Zıp	city Samen a	S Pres,	Zip
Middletown	n KI	02842			
Secretary Name The The Street Address	vesa M. Spe	ngler	Treasurer Name The Level Sa Street Address	M. Spei	ngler
Same	as Pres	Zip	Same a	5 Pres.	Zip
9. NAMES AND ADI		CTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES Director Name	BEFORE USING ATT	TACHMENTS
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Middleton	ing Rd.	Zip 12842	City	State	Zip
Director Name		00070	Director Name		
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

that all statements conti	ained nerein are true	and correct.
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Signature of Officer	zpergeon	Dute
Theresa M.	Spenaler	
Print or Type Name of Officer	-, , , , , , , , , , , , , , , , , , , 	

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

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