



Office of the Secretary of State
Matthew A. Brown, Secretary of State

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. 108687		2. Name of Corporation SILVEIRA KINDERGARTEN AND NURSERY, INC.	
3. Street Address Principal Business Office 143 Peckham Lane		City Middletown	State RI
4. Business Phone No. 401-846-9251		5. State of Incorporation RHODE ISLAND	6. SIC Code 8730
7. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT AND OPERATE A KINDERGARTEN AND NURSERY SCHOOL.			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Theresa M. Spengler		Vice President Name N/A	
Street Address 111 Wapping Road		Street Address	
City Middletown	State RI	City	State
Zip 02842		Zip	
Secretary Name N/A		Treasurer Name N/A	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Theresa M. Spengler		Director Name N/A	
Street Address 111 Wapping Rd		Street Address	
City Middletown	State RI	City	State
Zip 02842		Zip	
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
2,000 NO PAR VALUE			
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
0			

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



FILED

MAR 11 2005

By **2**

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.

Theresa M. Spengler 11/18/05
Signature of Officer Date

Theresa M. Spengler
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

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

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3. Street Address Principal Business Office 143 Peckham Lane		City Middletown	State RI	Zip 02842
4. Business Phone No 401-846-9251		5. State of Incorporation RHODE ISLAND		6. SIC Code 8730
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8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Theresa Spengler		Vice President Name		
Street Address 111 Wapping Rd		Street Address N/A		
City Middletown	State RI	Zip 02842	City	State
Secretary Name N/A		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Theresa Spengler		Director Name		
Street Address 111 Wapping Rd		Street Address		
City Middletown	State RI	Zip 02842	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
2,000 NO PAR VALUE			0	

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



* 1 0 8 6 8 7 *

File Date **2.3.04**
Check No. **2162**
By: **de**

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.

Theresa M. Spengler **11/30/04**
Signature of Officer Date

Theresa M. Spengler **11/30/04**
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.

108667

2. Name of Corporation

SILVEIRA KINDERGARTEN AND NURSERY, INC.

3. Street Address Principal Business Office

143 Peckham Lane

City

Middletown

State

RI

Zip

02842

4. Business Phone No.

401-846-9251

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8730

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

Pre-School & Kindergarten

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Theresa M. Spengler

Vice President Name

NA

Street Address

Street Address

City

1111 Wapping Road

State

RI

Zip

02842

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

Theresa M. Spengler

Director Name

Street Address

Street Address

City

1111 Wapping Road

State

RI

Zip

02842

City

State

Zip

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

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



* 1 0 8 6 8 7 *

FILED

File Date: JAN 29 2003

Check No.: BY GMA-1609

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.

Theresa M. Spengler 1/24/03
Signature of Officer Date

Theresa M. Spengler
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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

108687

2. Name of Corporation

SILVEIRA KINDERGARTEN AND NURSERY, INC.

3. Street Address Principal Business Office

143 Peckham Lane

City

Middletown

State

RI

Zip

02842

4. Business Phone No.

401-846-9251

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8730

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

Pre-school + Kindergarten

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

President Name

Theresa M. Spengler

Vice President Name

N/A

Street Address

Street Address

City

1111 Wapping Road
Middletown RI

Zip

02842

City

State

Zip

Secretary Name

N/A

Treasurer Name

Street Address

N/A

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

Theresa M. Spengler

Director Name

Street Address

Street Address

City

1111 Wapping Road
Middletown RI

Zip

02842

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

2,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

0

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



* 1 0 8 6 8 7 *

File Date: 2-4-02

Check No.: 1134

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.

Theresa M. Spengler 1/31/02
Signature of Officer Date

Theresa M. Spengler
Print or Type Name of Officer

President
Title of Officer



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

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 BLACK)

1. Corporate ID No.

108687

2. Name of Corporation

SILVEIRA KINDERGARTEN AND NURSERY, INC.

3. Street Address Principal Business Office

143 Peckham Lane

City

Middletown

State

RI

Zip

02842

4. Business Phone No.

401-846-9251

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8730

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

Pre-school and Kindergarten Classes

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Theresa M. Spengler

Vice President Name

N/A

Street Address

Street Address

1111 Wapping Rd

City

Middletown

State

RI

Zip

02842

City

State

Zip

Secretary Name

N/A

Treasurer Name

N/A

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

Director Name

Theresa M Spengler

Street Address

Street Address

1111 Wapping Rd

City

Middletown

State

RI

Zip

02842

City

State

Zip

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

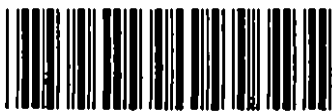
Class/Series

Par Value

2,000 NO PAR VALUE

0

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



* 1 0 8 6 8 7 *

File Date: 1/29

Check No: 1795-

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.

Theresa M. Spengler 1/25/01
Signature of Officer Date

Theresa M. Spengler
Print or Type Name of Officer

President
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **108687** 2. Name of Corporation **SILVEIRA KINDERGARTEN AND NURSERY, INC.**
3. Street Address Principal Business Office **143 Peckham Lane** City **Middletown** State **RI** Zip **02842**
4. Business Phone No. **401-846-9251** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8730**

7. Brief Description of the Character of Business Conducted in Rhode Island
Preschool + Kindergarten Classes

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Theresa M. Spengler**
Street Address **1111 Wapping Rd**
City **Middletown** State **RI** Zip **02842**
Secretary Name **Theresa M. Spengler**
Street Address **Same as Pres**
City _____ State _____ Zip _____

Vice President Name **Theresa M. Spengler**
Street Address **Same as Pres.**
City _____ State _____ Zip _____
Treasurer Name **Theresa M. Spengler**
Street Address **Same as Pres.**
City _____ State _____ Zip _____

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Theresa M. Spengler**
Street Address **1111 Wapping Rd.**
City **Middletown** State **RI** Zip **02842**
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

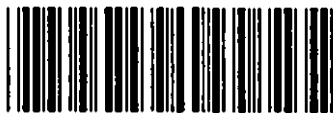
Number of Shares _____ Class/Series _____ Par Value _____
2,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares _____ Class/Series _____ Par Value _____
none

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



* PIAID 687 *

JAN 21 2000

File Date: _____
SEC'Y OF STATE **KD 12/10**
Check No. _____

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.

Theresa M. Spengler 1/19/00
Signature of Officer Date
Theresa M. Spengler
Print or Type Name of Officer
President
Title of Officer