

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 FO | R THE YE | $\mathbf{AR} = 2005$ | |
|--------|-------------------------------------|----------|----------------------|--|
| | | | | |

| Filing Period: January 1 - Mo TORM MUST HE TYPED OR PRINT | | Fee: \$50.00 | | | |
|--|--|---------------------------------------|--|--|-------------------------------|
| I Corporate ID No. 46193 | 2. Name of Corporation Educational Dire | ections, Inc. | | | |
| 3. Surer Address Principal Business Of 156 Anthony Ro | | | Portsmouth | State RI | <i>Σι</i> ρ 02871 |
| 4. Business Phone No. (401) 683-3523 | | 5 State of Incorporation RHODE ISLAND | | | 6. SIC Gode 7732 |
| 7. Brief Brichellen Grace | ENT'& CONSULTING | hode Island | | | |
| B. NAMES AND ADDRESSES (President Name | OF THE OFFICERS: | ("X" BOX FOR ATTA | CHMENT) | PACES BEFORE USING | ATTACHMENTS |
| Stephen G. DiC | icco | | Vacant | | |
| Sinct Addinss 111 Coggeshall | Avenue | | Street Address | | |
| Newport | State RI | Zip 02840 | Clip | State | Ζφ |
| Secretary Name Christopher B. | Arnold | | Christopher | B. Arnold | |
| Street Address | | - | Street Address | | - |
| 3 Channing Str | | | 3 Channing | | - Inv |
| City Narragansett | State RI | ^{Ζψ} 02839 | Ony Narraganset | t RI | 02839 |
| 9. NAMES AND ADDRESSES | | | | | |
| Director Name None | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | J | .J | Director Name | I | |
| Sirvei Address | | | Street Address | · | |
| City | State | Zψ | City | State | Zip |
| 10. SHARES AUTHORIZED (| ("X" BOX FOR ATT/ | ACHMENT) | 11. SHARES ISSUED (* | X" BOX FOR ATTACH | MENT) |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 2,000 NO PAR VALUE | | | 200 | Common | No Par Valu |
| | | | | | |
| This report must be s | igned in ink by cith | er the President, Vice F | President, Secretary, Assistar | it Secretary, Treasurer, I | Receiver or Trustee |
| | | | | | at I have examined this repor |
| 11,510 | <u> </u> |] | including any accomp contain/d herein are | | ements, and that all statemen |
| File Date | <u></u> | | Signature of Officer | 7 | Date |
| Check No. 33185 | · · · · · · · · · · · · · · · · · · · | | Stephen G. | DiCicco | |
| Ву: | | | Print or Type Name of | Officer | |
| FOR SECRETARY OF STA | TE USE ONLY | _ | Title of Officer | <u>. </u> | |



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 IN B | LACK) | Ū | | | |
|--|-------------------|---------------------------------------|------------------------------|---|---------------------------|
| 1. Corporate ID No. | 2. Name of Corpo | | | | |
| 46193 | Educational | Directions, Inc. | | | |
| 3. Street Address Principal Busine | ess Office | · · · · · · · · · · · · · · · · · · · | City | State | Zip |
| 156 ANTHONY ROAD | | | PORTSMOUTH | RI | 02871 |
| J. Business Phone No. | | 5. State of Incorpora | tion | | 6. SIC Code |
| 4016833523 | | RHODE ISLAI | ND | | 7732 |
| 7. Brief Description of the Charac EDUCATIONAL PLACEMEN | | | | | |
| 8. NAMES AND ADDRESS | ES OF THE OF | FICERS ("X" BOX FOR | ATTACHMENT) FILL IN SPA | CES BEFORE USING A | TTACHMENTS |
| President Name | , | | Vice President Name | | |
| Stephen G. DiCicco | | | · Vacant | | |
| Street Address | | | Street Address | | |
| 111 Coggeshall Ave | nue | | • | | |
| City Newport | State TI | <i>Zip</i> 02840 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Christopher B. Arn | old | | Christopher B. A | Armold | |
| Street Address | | | Street Address | | |
| 3 Channing Street | | | .3 Channing Stree | et | |
| City | State | Zip | City | State | Zip |
| Mattapoisett | MA | 02839 | .Mattapoisett | MA | 02839 |
| 9. NAMES AND ADDRESS Director Name | ES OF THE DIR | ECTORS ("X" BOX FO | RATTACHMENT) FILL IN S | PACES BEFORE USING | ATTACHMENTS |
| None | | | • | | |
| Street Address | | | Street Address | | |
| | | | • | | |
| City | State | Zip | ·City | State | Zip |
| | J | | : | |] |
| Director Name | | | · Director Name | | |
| | | | • | | |
| Street Address | | | Street Address | | |
| City | State | Zip | Ciry | State | Zip |
| City | 3370 | Z.p | • | State | |
| 10. SHARES AUTHORIZE | D AUT BOY FOR | ATTACQUENT (| 11. SHARES ISSUED ("X" | POV FOR ATTACUAGE | |
| AUTHORIZED SHARES | D A BOX FOX. | ATTACHMENT) | ISSUED SHARES | BUX FUR ATTACAMEN | <i></i> |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| | | | | | |
| 2,000 NO PAR VALUE | | | 200 | Common | No Par Value |
| | | · · · | | | |
| | | | | <u> </u> | |
| This report must be signed | I in ink by eithe | er the President, Vice | President, Secretary, Assist | ant Secretary, Treasi | urer. Receiver or Trustee |
| | | | | | |
| M BIBLO SIIBL HEE | (DIEE 1)) | | | | |
| | | | | | |
| | | | 11.4 | 1 .41 | that I have a supplied A |
| 4 0 1 | , , | | | ury, I declare and affirm any accompanying sched | |
| | | | and the all statement | s contained herein are tru | ic and correct. |
| *46193 DBC 01/31/04 0 | 8:46:36 PM* | | 11110 | 1//// | 3/1/1/ |
| File Date 5- X | <u>-09</u> | _ | | ven | 1/3/09 |
| | 1011 | | Signature of Officer | 1 | Date |
| Check No. | 1717 | _ } | Stephen G. I | DiCicco | |
| | De | | Print or Type Name of C | | |
| В <u>у:</u> | | - | President | | |
| FOR SECRETARY OF STATE (| JSE ONLY | | Title of Officer | | Form 630 12/01 |



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

nna STOP

| FORM MUST BE TYPED OR PRIN | TED IN BLACK) | | | | |
|--------------------------------------|---------------------|---------------------------|---------------------------|------------------------|----------------------|
| I. Corporate ID No. | 2. Name of Corpora | tion | | | |
| 46193 | Educationa | Il Directions, Inc. | | | |
| 3. Street Address Principal Busines | | | City | State | Zip |
| 156 Anthony Roa | ad | | Portsmouth | RI | 02871 |
| 1. Business Phone No. | | S. State of Incorporation | on | | 6. SIC Code |
| (401) 683-3523 | | RHODE ISLA | ND | | 7732 |
| 7. Brief Description of the Characte | | in Rhode Island | | | |
| Educational pla | acement and c | onsulting | | | |
| B. NAMES AND ADDRES | SSES OF THE OFF | ICERS ("X" BOX FOR ATT | ACHMENT) FILL IN SPACES | BEFORE USING ATTACI | HMENTS |
| resident Name | | | Vice President Name | | • |
| Stephen G. DiCi | icco | | Vacant | | |
| itreet Address | • | | Street Address | | |
| lll Coggeshall | | | | | |
| City | State | Zip | City | State | Z.ip |
| Newport. | RI. | 02840 | - | | |
| ecretary Name | | | Treasurer Name | | |
| Christopher B. | | | Christopher B. | | |
| """ 3 Channing Stre | | | 3 Channing Stre | et | |
| ^{City} Mattapoisett | State | ^{zip} 02839 | ^c Mattapoisett | State MA | ^{Zip} 02839 |
| . NAMES AND ADDRES | | | | S BEFORE USING ATTA | CUMENTS |
| Director Name | SES OF THE DIK | CCIORS I A BOA FOR A | Director Name | S DEI ORE OSING ATTA | CHALAIS |
| None | | | Street Address | | |
| | | | | | |
| Sity | State | Zip | City | State | Zip |
| Olrector Name | • • | | Director Name | • | • • • • • • |
| | | • | | | |
| treet Address | | | Street Address | | |
| City | State | Zip | City | State | 2.ip |
| 0. SHARES AUTHORIZE | ED (*x* box for att | ACHMENT) | 11. SHARES ISSUED (* | X° BOX FOR ATTACHMENT) | |
| LUTHORIZED SHARES | | | ESSUED SHARES | | |
| lumber of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 2,000 NO PAR VALUE | | | 200 | common | no par value |
| L, COUNTY IN TALOE | | | | | • |
| BJOON OF ARCALOL | | | | | • |

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

| - | * 4 6 1 9 3 * |
|------------|------------------|
| File Date: | 1/23/03 |
| Check No.: | 20/62 |
| By: | OB |
| | F STATE USE ONLY |

| Under penalty of perjury, I declare an | d affirm that I have examined |
|--|-------------------------------|
| this report, including any accompany | •• |
| that all systements contained her in a | ore sue and correct. |
| Signature of Officer | Date |
| Stephen G. DiCicco | |
| Print or Type Name of Officer | |
| President | |
| Title of Officer | |

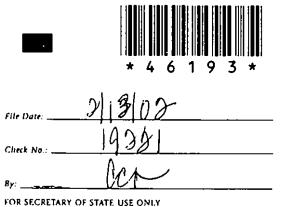
Form 630 12/02



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 Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST HE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 46193 Educational Directions, Inc. 3. Street Address Principal Business Office 7.ip 156 Anthony Road 02871 RI Portsmouth 4. Business Phone No. S. State of Incorporation 6. SIG Code 7732 RHODE ISLAND (401) 683-3523 7. Brief Description of the Character of Business Conducted in Rhode Island Educational placement and consulting. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Stephen G. DiCicco Vacant Street Address Street Address 111 Coggeshall Avenue State Newport RI Secretary Name Christopher B. Arnold Christopher B. Arnold Street Address Street Address 3 Channing Street 3 Channing Street State City State Mattapoisett MA 02839 02839 Mattapoisett MA 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None Street Address Street Address City State State 2.10 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 Volue Number of Shares Class/Series Par Value 2,000 NO 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



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and Stephen G. DiCicco

Print or Type Nume of Officer

<u>President</u> Title of Officer

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

| riting Perioa: Jani | uary I-March I | • | Filing Fee: \$50.00 | |
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(FORM MUST BE TYPED IN BLACK)

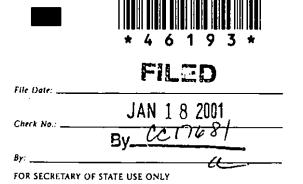
1. Corporate ID No. 46193

2. Name of Corporation
Educational Directions, Inc.

| 3. Street Address Principal Business | Office | | City | State | ZIp |
|---|---------------------|--------------------------------------|--|-----------------------|--------------------------------------|
| 156 Anthony Ros 4. Business Phone No. (401) 683-3523 2. Brief Description of the Character | | S. State of Incorporation RHODE ISLA | | RI | 02871 6. sic code 77 32 |
| Educational pla | | | | | |
| 8. NAMES AND ADDRES President Name Stephen G. DiCi Street Address 111 Coggeshall | SES OF THE OFFI | - | CHMENT) FILL IN SPACES Vice President Name Vacant Street Address | BEFORE USING ATTA | CHMENTS |
| Newport | State RI | ^{Z(p} 02840 | City | State | Zip |
| Secretary Name Christopher B. Street Address | | | Christopher B. Steet Address | | |
| 3 Channing Stre | eet | | 3 Channing Stre | et | |
| Mattapoisett | State MA | ^{21p} 02839 | cuy Mattapoisett | State MA | ^{21p} 02839 |
| 9. NAMES AND ADDRES Director Name | SES OF THE DIRE | CTORS ("X" BOX FOR AT | _ | ES BEFORE USING ATT | ACHMENTS |
| None Street Address | | | Street Address | | |
| спу | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | • |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZE | D (*X* BOX FOR ATTA | CHMENT) | 11. SHARES ISSUED (| "X" BOX FOR ATTACHMEN | T) |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Far Value |

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

200



2,000 SHS NO PAR VAL

Under penalty of perjury, I declare and affirm that I have examined Including any accompanying schedules and statements, and <u>Stephen G. DiCicco</u> Print or Type Name of Officer

common

no par value



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 | ΒE | TYPED | IN | BLACK) |
|-------------|------|----|-------|----|--------|
| | | | | | |

1. Corporate ID No.

2. Name of Corporation

| RI 6. E USING ATTACHMENT | 19 02871 . SIC Code 7732 |
|--------------------------------|---|
| 6. E USING ATTACHMENT | . SIC Code 7732 |
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| FOR ATTACHMENT) | |
| ass/Series Pi | ar Value |
| | MA PRE USING ATTACHME ale Z for attachment) |

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

200



| File Date: | 2/23/00 | |
|------------|---------|--|
| Check No.: | 14254 | |
| Br: | Zi | |

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 contained herelyy are true and correct

common

no par value

Stephen G. DiCicco Print or Type Name of Officer

President Title of Officer





James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

| rilling reri | ou. Junuary 1 | -march 1 - r | 111ng Fee. \$30.00 | | | EXPLICATION |
|--------------------|---------------------------------------|----------------------------------|---|--|----------------------------|----------------------|
| (FORM MUST E | DE TYPED IN BLACK | O | | | | |
| 1. Corporate ID 1 | No. | 2. Name of Corporation | ī | | | • |
| 3. Street Address | 46193 Principal Business Of | Education Education | onal Directions, | City | State | Zip |
| 4. Business Phon | 156 Anthony | y Road | 5. State of Incorporation | Portsmouth | RI | 02871 6. SIC Code |
| 7. Brief Descripti | (401) 683 (on of the Character of | 3523 Business Conducted in R | Rhode Island | sland | | 7732 |
| 8. NAMES A | Educational AND ADDRESSE | l placement a s of the offici | nd consulting. ERS (*x* BOX FOR ATTACH | MENT) Vice President Name | | |
| | Stephen G. | DiCicco | | Vacant | | |
| Street Address | 111 Coggest | | | Street Address | | |
| City | TIT COBBCSI | State | Zip | City | State | Zip |
| Secretary Name | Newport | RI | 02840 | Treasurer Name | | |
| Street Address | Christopher | r B. Arnold | | Christopher B. | Arnold | |
| City | 3 Channing | Street State | Zip | 3 Channing Str | eet State | Zip |
| | Mattapoiset AND ADDRESSE | | 02739 TORS ("X" BOX FOR ATTA | Mattapoisett CHMENT) Director Name | MA | 02739 |
| Street Address | NONE | | | Street Address | | |
| City | | State | Zip | City | State | Zip |
| Director Name | • | | | Director Name | | |
| Street Address | | | | Street Address | | |
| City | | State | Zip | City | State | Zip |
| 10. SHARES | | ("X" BOX FOR ATTAC | HMENT) | 11. SHARES ISSUED (*) | X* BOX FOR ATTACHMENT) | |
| Number of Share | s | Class/Serles | Par Value | Number of Shares | Class/Series | Par Value |
| : | 2,000 | common | no par value | 200 | common | no par value |
| This report | must be signed | 1 in ink by eithe | r the President, Vice P | resident, Secretary, Assis | stant Secretary, Treasures | , Receiver or Trust |

e

| | Under penalty of perjury, I declare and affi this report, including any accompanying s that_all statements contained herein are tr |
|---------------------------------|--|
| File Date: | Rusem 11 |
| Check No.: 1357 | Signature of Officer |
| Ву: | Print or Type Name of Officer |
| FOR SECRETARY OF STATE USE ONLY | PRESIDENT |

irm that I have examined chedules and statements, and uejand correct. ((0

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Streets Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

| FORM MUST | ВE | TYPED | IN | BLACK) |
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1. Corporate ID No.

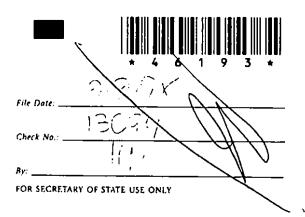
2. Name of Corporation

| 46193 3. Street Address Principal Business | Educational | Directions, Inc. | City | State | Zip |
|---|----------------------------------|--|-------------------------------|---------------------|----------------------|
| 156 Anthony Ro | ad | 5. State of Incorporation | Portsmouth | RI | 02871 6. SIC Code |
| (401) 683-35 7. Brief Description of the Character | | RHODE ISLAN | D | | 7732 |
| Educational pl 8. NAMES AND ADDRES President Name | acement and o SES OF THE OFFI | consulting. CERS ("X" BOX FOR ATTAC | HMENT) Vice President Name | | |
| Stephen G. DiC | icco | | Vacant Street Address | 1 | |
| 111 Coggeshall | Avenue State | Zip | City | State | Zip |
| Newport Secretary Name | RI | 02840 | Treasurer Name | | |
| Christopher B | . Arnold | | Christopher B. Street Address | Arnold | |
| 3 Channing St | | | 3 Channing Stre | et | |
| Mattapoisett | State MA | 02739 | Mattapoisett | State MA | ^{Zip} 02739 |
| 9. NAMES AND ADDRESS Director Name NON | | CTORS ("X" BOX FOR ATT. | ACHMENT) Director Name | | |
| Street Address | | | Street Address | | |
| City: | State | Zip | City | State | Zip |
| Director Name | • | | Director Name | | • |
| itreet Address | | | Street Address | • | |
| City | State | Zip | City | State | Zip |
| IO. SHARES AUTHORIZEI |) (*X* BOX FOR ATTA | CHMENT) | 11. SHARES ISSUED (*X* | BOX FOR ATTACHMENT. |) |

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

Number of Shares

200



Class/Series

Par Value

Number of Shares

2,000 SHS NO PAR VAL

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that allystatements contained herein are true and correct

Class/Series

common

Signature of Officer

Par Value

no par value

Stephen G. DiCicco-

Print or Type Name of Officer

<u>President</u>

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

| iling Pe | riod: jai | nuary 1 | -March | 1 • | Filing | Fee: | \$50.00 |
|----------|-----------|---------|--------|-----|--------|------|---------|
|----------|-----------|---------|--------|-----|--------|------|---------|

| 1.7 | UKM | MUSI | nr. | 1 | rre | אוט | BLA |
|-----|-----|------|-----|---|-----|-----|-----|
| | | | | | | | |

1. Corporate ID No.

2. Name of Corporation

46193

Educational Directions, Inc.

3. Street Address Principal Business Office

City

State

210

156 Anthony Road 4. Business Phone No.

5. State of Incorporation

RΙ

02871 6. SIC Code

(401) 683-3523

RHODE ISLAND

7732

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

Educational placement and consulting.

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

Vice President Name

Portsmouth

Stephen G. DiCicco Street Address

Vacant Street Address

lll Coggeshall Avenue

City

City

Newport

RI

02840

Treasurer Name

Secretary Name

Christopher B. Arnold

Director Name

Street Address

City

City

Channing

Christopher B. Street Address

3 Channing

Matrapoiset

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

Director Name

None

Street Address

Director Name

Director Name

Z,ip

Zip

Zip

Street Address

Street Address City

State

Zip

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

State

AUTHORIZZZO SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

2,000 SHS NO PAR VAL

200

common

no par value

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

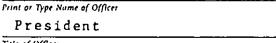


FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Stephen G. DiCicco

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 |
|--------|------|-------|-----|
|--------|------|-------|-----|

| 1. CORPORATE ID NO. | 2. HAME OF CORPORATION | PLEASE TYPE OR | PRINT IN BLACK INK. | ~. | e de l'arragement de la company de la compan |
|--|------------------------|---------------------------------------|--------------------------------------|--------------------|--|
| 46193 | 1 | | | | |
| 3 STREET ADDRESS PROVIDEN BUSINESS OFF | Educa | tional Direction | ns, Inc. | | · — · · · · · · · · · · · · · · · · · · |
| | | | 1 | STATE | ZP 000E |
| 156 Anthony | Road | | Portsmouth | RI | 02871 |
| 4. BUSINESS PHONE NO. | | 5. STATE OF INCORPORATION | | | 6. SIC COOE |
| (401) 683-352 | 3 | RHODE IS | SLAND | | 1 |
| 7. BRIEF DESCRIPTION OF THE CHARACTER OF B | | ISLA/ID | | | 7.7.32 |
| Fducational mi | | 3 | | | 1 |
| Educational pla | cement an | d_consulting. | ESSES OF THE OF | · · | - |
| PRESIDENT NAME | | MES AND ADDR | LSSES OF THE OF WCEPRESIDENTIVAME | FICERS | - |
| Stephen G. DiCi | icco | | | | |
| STREET ADDRESS | | | Vacant | | · · · · · · · · · · · · · · · · · · · |
| 111 Coggeshall | Avenue | | • | | ; |
| ату | STATE | ZIP COOE | άτν | STATE | ZIP C000€ |
| Newport SECRETARY NAME | RI | 02840 | 1 | | |
| | | | CTREASURER HAME | | |
| Christopher B. | Arnold | · · · · · · · · · · · · · · · · · · · | Christopher street ADDRESS | _BArnold_ | |
| 56 Alumni Avenu | _ | | 4 | | |
| an Ardinir Wolf | I STATE | ZIP CODE | 56_Alumni_A | venue | T ZP COO€ |
| Providence | RI | 1 | • | ; | 1 |
| | | MES AND ADDR | Providence_ Esses of the Di | RI | i |
| DIRECTOR NAME | | | DIRECTOR NAME | | |
| | | | 1 | | ; • |
| STREET ADDRESS | | | STREET ADDRESS | | |
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| uit . | STATE | ZIP CODE | απν | STATE | ZIP CODE |
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| Orașie | Thi | s report must be SIG | NED IN INK by either the | 9 - | • |
| Presid | ient, vice Presid | ent, Secretary, Assist | tant Secretary, Treasurer, | Heceiver or Truste | 2 |

File Date: 1/30/96

Check No: 4044

Ву:

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 perein are true and correct.

Signature of Officer

Title of Officer

Signature or Onicer

Stephen G. DiCicco
Print or Type Name of Officer

President

1/17/96

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

00/6193

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ANNUAL REPORT

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

| Corporate ID: | Aı | nnual Report for the year | 1995 |
|--|-------------------------------|---|---|
| Name of Corporation: Education | nal Directions, | Inc. | |
| Business entity organized under the laws of the State of For foreign entity, address and telephone number of pri | ncipal office: | Business Entity is (check [X] Business Corporation | cone): on (See RIGL Chapter 7-1.1) e Corporation (See RIGL Chapter 7-5.1) |
| | | Educational | aracter of business conducted in Rhode Island: placement and consulting |
| Phone: (401) 683-3523 | | Section 100 Control of Contr | |
| | THE NAMES OF THE | OFFICERS ARE: | |
| Chamban C. Di Ciano | STREET ADDRES | | CITY/STATE ZIP CODE |
| Stephen G. DiCicco | 111 Coggesha | | Newport, RI 02840 |
| Vacant | STREET ADDRES | - SS | CITY/STATE ZIP CODE |
| Christopher B. Arnold | 56 Alumni Av | | Providence, RI 02906 |
| TREASURER | STREET ADDRES | | CITY/STATE ZIP CODE |
| Christopher B. Arnold | 56 Alumni Av THE NAMES OF THE | | Providence, RI 02906 |
| NAME | STREET ADDRES | | CTLY/STATE ZIP CODE |
| Stephen G. DiCicco | 111 Coggesha | | Newport, RI 02840 |
| Christopher B. Arnold | 56 Alumni Av | | Providence, RI 02906 CITY/STATE ZIPCODE |
| NUMBER OF SHARES AUTHORIZED (Rider may be at | tached) | SUMBER OF SHARES ISSUE | ED AND OUTSTANDING (Rider may be attached) |
| | ommon N | JAN 2 5 1995 SECY OF STA | Class/Scries Common No Par Value |
| DateJanuary 19 | St | UCATIONAL DIRE | |
| Form 31 1795 | TITLE OF OFFICE | ER SIGNING | in tille |
| DESIGNATE | D REGISTERED AGEN | <u>T FOR SERVICE OF I</u> | PROCESS: |

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

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

File Annually LLC, Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401 277-3040

| Business Entity regarized under the bas of the State of Rhode Island Foderal Taxpayer Identification Number: For foreign entity, address and telephone number of principal office: | 0045193 | Annual Report for the year: |
|---|--|--|
| Business entity organized under the laws of the State of Rhode Island Federal Tapayer (denotication Namber: xl Business Corporation (See RIGI, Chapter 7-11) Professional Service Corporation (See RIGI, Chapter 7-5.1) Professional Service Corporation (See RIGI, Chapter 7-5.1) | · | Educational Directions, Inc. |
| Date of Qualification to do business in Rhode Island (if foreign entity). THE NAMES OF THE OFFICERS ARE: STREET ADDRESS STREET ADDRESS CITYSTATE THE NAMES OF THE OFFICERS ARE: STREET ADDRESS STREET ADDRESS CITYSTATE THE NAMES OF THE OFFICERS ARE: STREET ADDRESS CITYSTATE TO 2840 CITYSTATE TO 2840 CITYSTATE TO 2906 THE NAMES OF THE DIRECTORS ARE: CITYSTATE TO 2906 THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE TO 2906 CITYSTATE TO 2906 THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE TO 2906 THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE TO 2906 CITYSTATE TO 2906 CITYSTATE TO 2906 CITYSTATE TO 2906 ARECT CONTINUED AND CITYSTATE TO 2906 NAME Christopher B. Arnold SERET ADDRESS CITYSTATE TO 2906 THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE TO 2906 NAME CONTINUED AND OUTSTANDING (If Applicable) NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER 600 CLASS COMMON | Business entity organized under the laws of the State of: Rhode Island Federal Taxpayer Identification Number: For foreign entity, address and telephone number of principal office: Phone: () Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): 156 Anthony Road: Portsmouth, RI 02871 | Business Entity is (check one): [x] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1) [] Lamited Liability Company (See RIGL 7-16) Name, title and mailing address of contact person to whom communications may be directed: Stephen G. DiCicco President P.O. Box 768 Portsmouth, RI 02871 Brief statement of the character of business conducted in Rhode Island: Educational placement and consulting |
| Stephen G. DiCicco CHIPTER PRESIDENTIALS CONTROL STREET ADDRESS CHIPTER D2840 CHIPTER PRESIDENTIALS CONTROL STREET ADDRESS CHIPTER D2840 CHIPTER PRESIDENTIALS CONTROL STREET ADDRESS CHIPTER D2840 CHIPTER PRESIDENTIAL CONTROL STREET ADDRESS CHIPTER D2840 CHIPTER PRESIDENTIAL CONTROL STREET ADDRESS CHIPTER D2906 CHIPTER PRESIDENT D2906 CHIPTER D2906 CHIPTER D2906 CHIPTER PRESIDENT D2906 CHIPTER D2906 CHIPTER D2906 CHIPTER PRESIDENT D2906 CHIPTER D2906 | | |
| NUMBER 2000 CLASS Common CLASS Common | STREET AL Stephen G. DiCicco CHIPFOPERATING OFFICER OR WICE PRESIDENT (Check One) Vacant Custodian of records or Lasecretary: Check One) Christopher B. Arnold 56 Alumni Ave Christopher E. Arnold 56 Alumni Ave Christopher B. Arnold 56 Alumni Ave THE NAMES OF TI NAME Stephen G. DiCicco NAME Christopher B. Arnold 56 Alumni Ave Christopher B. Arnold 57 Alumni Ave STREET AL STREET AL ALUMNI AVE Christopher B. Arnold 56 Alumni Ave | Shall Avenue DDRESS CHYSTATE Newport, RI O2840 ZIP CODE ZIP CODE DDRESS CHYSTATE Providence, RI O2906 CHYSTATE ZIP CODE ZIP CODE DDRESS CHYSTATE ZIP CODE DDRESS CHYSTATE ZIP CODE DDRESS CHYSTATE ZIP CODE DDRESS CHYSTATE ZIP CODE CHYSTATE DDRESS CHYSTATE ZIP CODE CHYSTATE DDRESS CHYSTATE ZIP CODE CHYSTATE ZIP C |
| CLASS Common CLASS Common - | | <u> </u> |
| PAR VALUE OR WITHOUT PAR No Par Value WITHOUT PAR No Par Value Date February 28 19 94 By: EDUCATIONAL DIRECTIONS, INC. | CLASS Common SERIES PAR VALUE OR WITHOUT PAR No Par Value | CLASS Common SERIES PAR VALUE OR WITHOUT PAR NO Par Value |

To be filed annually between January 1st and March 1st

State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID | 46193 | Annual Report for | the year 1993 |
|---------------------|---------------------------------|------------------------|--|
| FIRST: The name o | f the corporation is | EducationalDin | schions, Inc |
| SECOND: It is incor | porated under the laws of | Rhode Island | |
| THIRD: Character of | f business, briefly stated, is. | to engage in educat | tional placement |
| and consulting | and to do all thi | ngs incidental there | eto. |
| | corporation, address of its p | orincipal officeN/A | |
| Fifth: Business add | | | outh, RI 02871-0768 |
| SIXTH: Names and a | addresses of its directors and | | (Attach rider if necessary) |
| | Director | | |
| | Director | | |
| | Director | | |
| Stephen G. DiCic | coPresident | lll Coggeshall Ave. | . Newport, RI 02840 |
| Chalmers Handy | Vice Presid | ent S. of Commons Rd. | , Little Compton, RI |
| Christopher B. A | | Alumni Ave., Prov | 0287 |
| | rnoldTreasurer | Alumni Ave. Prov | vidence, RI 02906 |
| | of Shares authorized: | | Par Value |
| No. of Shares | Class | • Series | or statement that shares are without |
| 2,000 | Common | | par value No Par Value |
| | | PAID | • |
| EIGHTH: Number of | Shares issued: | JAN 2.9 188 | Par Value |
| No. of Shares | Class | CECY OF CV.) Series | Or statement that shares are without par value |
| 300 | Common | | No Par Value |
| Dated January 2 | | EDUCATIONAL DIRECTI | ONS, INC. |
| | 1 | Righ 7. M. | and a |
| (Report must be sig | gned by an officer) | Title President | |

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations 114 CK 32478 CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| ************* | Annual F | Report for the y | ear <u>1999</u> |
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| riefly stated, is | to engage i | n_educatio | nal_placement |
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| e Island PO | Вох 768, Рог | ntsmouth,R. | .1. 02871-0768 |
| | d officers: | | (Attach rider if necessary |
| Director | ······································ | ********************* | |
| Director | *************************************** | •••••• | |
| Director | | | |
| President | | | |
| Vice Preside | | | |
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| | The state of the s | | Par Value |
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| | Name of Corporation) E | ducational | Directions, Inc. |
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| | er the laws of riefly stated, is o all thir address of its part of the Island Position Director Director Director President Vice President Secretary Treasurer morized: statement Treasurer Treasurer | er the laws of Rhode Islandiefly stated, is to engage it of all things incidental address of its principal office. The laws of Rhode Islandiefly stated, is to engage it of all things incidental address of its principal office. The laws of Rhode Islandiefly stated, is to engage it of all things incidental address of its principal office. The laws of Rhode Islandiefly stated in a law engage it of all things incidental address of its principal office. The laws of Rhode Islandiefly stated in a law engage it of all things incidental address of its principal office. The laws of Rhode Islandiefly stated in a law engage it of all things incidental address of its principal office. The laws of Rhode Islandiefly stated in a law engage it of all things incidental address of its principal office. The laws of Rhode Islandiefly stated in a law engage it of a law e | r the laws of Rhode Island riefly stated, is to engage in education of all things incidental thereto. Address of its principal office N/A re Island PO Box 768, Portsmouth, R. address (including number of a common of the common |

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To be filed annually between January 1st and March 1st

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State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID | 0046193 | Annual Report for the year. | 1991 |
|-------------------|----------------------------------|--|--|
| FIRST: The name | e of the corporation is | Educational Directio | ens, Inc. |
| Second: It is inc | corporated under the laws of | Rhode Island | ••••• |
| THIRD: Characte | r of business, briefly stated, i | s to engage in educationa | l placement |
| and consulting | g and to do all thi | ngs incidental thereto. | |
| | | s principal officeN/A | |
| FiFTH: Business a | iddress in Rhode Island11 | l Coggeshall Ave., Newport | , RI 02840 |
| SIXTH: Names an | d addresses of its directors a | | (Attach rider if necessary) |
| None | Director | | |
| | Director | | |
| | Director | | |
| Stephen G. DiCi | .cco President | lll Coggeshall Ave., Ne | wport, RI 02840 |
| Chalmers Handy | Vice Presi | identS. of Commons Rd., Litt | le Compton, RIO |
| Christopher B. | Arnold Secretary | Alumni Ave., Providence | RI 02906 |
| Christopher B. | Arnold Treasurer | Alumni Ave., Providence | , RI 02906 |
| SEVENTH: Number | er of Shares authorized: | | Par Value |
| No. of Shares | Class | Series Fro A C Pro | or statement that shares are without par value |
| 2,000 | Common | PAID ,াজম এট গ্রা | No Par Value |
| Еіднтн: Number | of Shares issued: | 115 57 V 67 11 11 15 15 15 15 15 15 15 15 15 15 15 | Par Value |
| No. of Shares | Class | Senes | or statement that shares are without par value |
| 300 | Common | | No Par Value |
| DatedJanuary | 1991 | (Name of Corporation) Educational D: | irections, Inc. |
| (Report must be | signed by an officer) | Title Vice Presiden | 1 |

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID 0046193 FIRST: The name of the corporation is | | Annual Report for the year 1990 Educational Directions, Inc. | | |
|---|---------------------------------|---|--|--|
| | | | | |
| THIRD: Character | of business, briefly stated, is | to engage in edu | cational placement | |
| and consulting | and to do all thi | ngs incidental the | ereto | |
| FOURTH: If foreign | n corporation, address of its | principal officeN/A | | |
| FIFTH: Business ac | Idress in Rhode Island11 | l Coggeshall Ave., | Newport, RI 02840 | |
| SIXTH: Names and | l addresses of its directors an | | (Attach rider if necessary) | |
| None | Director | | | |
| | Director | | | |
| | Director | | | |
| Stephen G. DiC | icco President | 111 Coggeshall Av | re., Newport, RI 02840 | |
| Chalmers Handy | Vice Presid | ient S. of Commons R | Rd., Little Compton, RI 028 | |
| Christopher B. | Arnold Secretary | Alumni Ave., Pr | ovidence, RI 02906 | |
| Christopher B. | Arnold Treasurer | Alumni Ave., Pr | ovidence, RI 02906 | |
| SEVENTH: Number | r of Shares authorized: | | Par Value | |
| No. of Shares | Class | Series 1 | or statement that shares are without par value | |
| 2000 | Common | | No Par Value | |
| Еіднтн: Number | of Shares issued: | | or statement that | |
| No. of Shares | Class | Series | Par value | |
| 300 | Common | | No Par Value | |
| DatedJanuary | 29 19 90 | Educational Dire (Name of Corporation) By | ections, Inc. | |

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID 0046193 | | <u>ي</u> | Annual Report for the year 1989 | | |
|----------------------|---------------------------------------|------------------------------|---------------------------------|--|--|
| FIRST: | The name of the | corporation is | Educational Directions. Inc. | | |
| SECOND | : It is incorpora | ted under the laws of | Rhode Island | | |
| THIRD: | Character of bus | siness, briefly stated, is | to engage in c | lucational placement | |
| | | | | nereto | |
| Fourth | | | | / <u>A</u> | |
| Fіғтн: | Business address | in Rhode Island 111 | L Coggeshall Av | e., Newport, RI 02840 | |
| Ѕіхтн: | Names and addre | esses of its directors and o | | (Attach rider if necessary) | |
| •••••• | •••••• | Director | ••••• | | |
| ••••• | ************* | Director | | | |
| | · · · · · · · · · · · · · · · · · · · | Director | | | |
| Stephen (| G. DiCicco | President 1 | | Ave., Newport, RI 02840 | |
| Chalmers | Handy | | | Rd., Little Compton, RI | |
| Franklin | Dexter | Secretary | RR2, Saunderst | own, RI 02874 | |
| Christoph | ner B. Arnol | • | Alumni Ave., P | rovidence, RI 02906 | |
| SEVENTH: | Number of Sha | res authorized: | | Par Value | |
| No. of Shar | res | Class | Series | or statement that shares are without par value | |
| 2000 |) | Common | | No Par Value | |
| Еібнтн: | Number of Share | es issued: | S | DOY OF STAYPar Value | |
| No. of Shar | es | Class | Series | or statement that shares are without | |
| 400 | | Common | | narvalue No Par Value | |
| ited Febr | uary 14 | | ducational Dire | ections, Inc. | |
| | | By. | sun I | | |
| 48 | ort must be signed by | responsible of the Tist | heads I | | |