



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 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 46193		2. Name of Corporation Educational Directions, Inc.			
3. Street Address Principal Business Office 156 Anthony Road			City Portsmouth	State RI	Zip 02871
4. Business Phone No. (401) 683-3523		5. State of Incorporation RHODE ISLAND			6. SIC Code 7732
7. Brief Description of the Character of Business Conducted in Rhode Island EDUCATIONAL PLACEMENT & CONSULTING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen G. DiCicco			Vice President Name Vacant		
Street Address 111 Coggeshall Avenue			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Christopher B. Arnold			Treasurer Name Christopher B. Arnold		
Street Address 3 Channing Street			Street Address 3 Channing Street		
City Narragansett	State RI	Zip 02839	City Narragansett	State RI	Zip 02839
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
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



File Date	2/15/05
Check No.	23185
By:	V.
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

Date

Stephen G. DiCicco

Print or Type Name of Officer

Title of Officer



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

Mathew 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 BLACK)

1. Corporate ID No. 46193		2. Name of Corporation Educational Directions, Inc.	
3. Street Address Principal Business Office 156 ANTHONY ROAD		City PORTSMOUTH	State RI
4. Business Phone No. 4016833523		5. State of Incorporation RHODE ISLAND	6. SIC Code 7732
7. Brief Description of the Character of Business Conducted in Rhode Island EDUCATIONAL PLACEMENT & CONSULTING			

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

President Name Stephen G. DiCicco			Vice President Name Vacant		
Street Address 111 Coggeshall Avenue			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Christopher B. Arnold			Treasurer Name Christopher B. Arnold		
Street Address 3 Channing Street			Street Address 3 Channing Street		
City Mattapoisett	State MA	Zip 02839	City Mattapoisett	State MA	Zip 02839

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

Director Name None			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			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			200	Common	No Par Value

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



4 6 1 9 3

46193 DBC 01/31/04 08:46:36 PM

File Date 3-8-04

Check No. 21914

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 of Officer

Date

Stephen G. DiCicco

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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.

46193

2. Name of Corporation

Educational Directions, Inc.

3. Street Address Principal Business Office

156 Anthony Road

City

Portsmouth

State

RI

Zip

02871

4. Business Phone No.

(401) 683-3523

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Stephen G. DiCicco

Vice President Name

Vacant

Street Address

111 Coggeshall Avenue

Street Address

City State Zip
Newport RI 02840

City State Zip

Secretary Name

Christopher B. Arnold

Treasurer Name

Christopher B. Arnold

Street Address

3 Channing Street

Street Address

3 Channing Street

City State Zip
Mattapoisett MA 02839

City State Zip
Mattapoisett MA 02839

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

Director Name

None

Street Address

Director Name

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

2,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 4 6 1 9 3 *

File Date: 1/23/03

Check No.: 20762

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

Stephen G. DiCicco

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. **46193**
2. Name of Corporation **Educational Directions, Inc.**
3. Street Address Principal Business Office
156 Anthony Road
4. Business Phone No. **(401) 683-3523**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Educational placement and consulting.

City **Portsmouth** State **RI** Zip **02871**
6. SIC Code **7732**

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

President Name **Stephen G. DiCicco**
Street Address **111 Coggeshall Avenue**
City **Newport** State **RI** Zip **02840**

Vice President Name **Vacant**
Street Address
City State Zip

Secretary Name **Christopher B. Arnold**
Street Address **3 Channing Street**
City **Mattapoisett** State **MA** Zip **02839**

Treasurer Name **Christopher B. Arnold**
Street Address **3 Channing Street**
City **Mattapoisett** State **MA** Zip **02839**

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

Director Name **None**
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 (*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
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



* 4 6 1 9 3 *

File Date: 2/13/02
Check No.: 19381
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] 2/8/02
Signature of Officer Date

Stephen G. DiCicco

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. **46193** 2. Name of Corporation
Educational Directions, Inc.

3. Street Address Principal Business Office

City

State

Zip

156 Anthony Road

Portsmouth

RI

02871

4. Business Phone No.

5. State of Incorporation
RHODE ISLAND

6. SIC Code
7732

(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

City State Zip
Newport RI 02840

City State Zip

Secretary Name

Treasurer Name

Christopher B. Arnold

Christopher B. Arnold

Street Address

Street Address

3 Channing Street

3 Channing Street

City State Zip
Mattapoisett MA 02839

City State Zip
Mattapoisett MA 02839

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 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

2,000 SHS NO PAR VAL

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

ISSUED SHARES

Number of Shares Class/Series 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



* 4 6 1 9 3 *

FILED

File Date: **JAN 18 2001**

Check No.: **CC17681**

By: **cc**

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.

Stephen G. DiCicco 1/18/01
Signature of Officer Date

Stephen G. DiCicco
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. **46193** 2. Name of Corporation **Educational Directions, Inc.**
3. Street Address Principal Business Office City State Zip
156 Anthony Road **Portsmouth** **RI** **02871**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7732**
(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 Stephen G. DiCicco Street Address 111 Coggeshall Avenue City State Zip Newport RI 02840	Vice President Name Vacant Street Address City State Zip
Secretary Name Christopher B. Arnold Street Address 3 Channing Street City State Zip Mattapoisett MA 02839	Treasurer Name Christopher B. Arnold Street Address 3 Channing Street City State Zip Mattapoisett MA 02839

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

Director Name NONE 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 (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	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



* 4 6 1 9 3 *

File Date: 2/23/00

Check No.: 14254

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 hereby are true and correct.

[Signature] 2/15/00
Signature of Officer Date

Stephen G. DiCicco
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
401-277-3040



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.

2. Name of Corporation

46193

Educational Directions, Inc.

3. Street Address Principal Business Office

156 Anthony Road

Portsmouth

State

RI

Zip

02871

4. Business Phone No.

(401) 683 3523

5. State of Incorporation

Rhode Island

6. SIC Code

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

Stephen G. DiCicco

Vacant

Street Address

Street Address

111 Coggeshall Avenue

City

State

Zip

City

State

Zip

Newport

RI

02840

Secretary Name

Treasurer Name

Christopher B. Arnold

Christopher B. Arnold

Street Address

Street Address

3 Channing Street

3 Channing Street

City

State

Zip

City

State

Zip

Mattapoisett

MA

02739

Mattapoisett

MA

02739

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

Director Name

Director Name

NONE

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

2,000

common

no par value

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

ISSUED SHARES

Number of Shares

Class/Series

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

File Date: Jan 28/99

Check No.: 1357

By: JD

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

Date

STEPHEN G. DICICCO

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
401-277-3040



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.

2. Name of Corporation

46193

Educational Directions, Inc.

3. Street Address Principal Business Office

City

State

Zip

156 Anthony Road

Portsmouth

RI

02871

4. Business Phone No.

5. State of Incorporation

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

Stephen G. DiCicco

Vacant

Street Address

Street Address

111 Coggeshall Avenue

City

State

Zip

City

State

Zip

Newport

RI

02840

Secretary Name

Treasurer Name

Christopher B. Arnold

Christopher B. Arnold

Street Address

Street Address

3 Channing Street

3 Channing Street

City

State

Zip

City

State

Zip

Mattapoisett

MA

02739

Mattapoisett

MA

02739

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

Director Name

Director Name

NONE

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

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

2,000 SHS NO PAR VAL

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



* 4 6 1 9 3 *

File Date: 3/27/98

Check No.: 13024

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] 1/23/98
Signature of Officer Date

Stephen G. DiCicco

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
401-277-3040



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. **46193** 2. Name of Corporation **Educational Directions, Inc.**

3. Street Address Principal Business Office **156 Anthony Road** City **Portsmouth** State **RI** Zip **02871**
4. Business Phone No. **(401) 683-3523** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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 Stephen G. DiCicco	Vice President Name Vacant
Street Address 111 Coggeshall Avenue	Street Address
City Newport State RI Zip 02840	City State Zip
Secretary Name Christopher B. Arnold	Treasurer Name Christopher B. Arnold
Street Address 56 Alumni Avenue 3 Channing St.	Street Address 56 Alumni Avenue 3 Channing St.
City Mattapoisett State MA Zip 02739 Providence RI 02906	City Mattapoisett State MA Zip 02739 Providence RI 02906

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

Director Name None	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 AND 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 SHS NO PAR VAL			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



File Date: 1/9/97
Check No.: 42668
By: lgb
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 Stephen G. DiCicco Date 1/7/97
Print or Type Name of Officer **Stephen G. DiCicco**
Title of Officer **President**

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. 46193		2. NAME OF CORPORATION Educational Directions, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 156 Anthony Road		CITY Portsmouth	STATE RI
4. BUSINESS PHONE NO. (401) 683-3523		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 7.32
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Educational placement and consulting.			

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Stephen G. DiCicco		VICE PRESIDENT NAME Vacant	
STREET ADDRESS 111 Coggeshall Avenue		STREET ADDRESS	
CITY Newport	STATE RI	CITY	STATE
ZIP CODE 02840		ZIP CODE	
SECRETARY NAME Christopher B. Arnold		TREASURER NAME Christopher B. Arnold	
STREET ADDRESS 56 Alumni Avenue		STREET ADDRESS 56 Alumni Avenue	
CITY Providence	STATE RI	CITY Providence	STATE RI
ZIP CODE 02906		ZIP CODE 02906	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	

10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES		ISSUED SHARES	
NUMBER OF SHARES	CLASS / SERIES	NUMBER OF SHARES	CLASS / SERIES
2,000 SHS NO PAR VAL		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 that all statements contained herein are true and correct.

Stephen G. DiCicco
Signature of Officer

Stephen G. DiCicco
Print or Type Name of Officer

President
Title of Officer

1/17/96
Date

File Date: 1/30/96

Check No: 40447

By: *CS* *UP*
For Secretary of State Use Only

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



MC 38650

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.

Corporate ID: 0046193 Annual Report for the year: 1995

Name of Corporation: Educational Directions, Inc.

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

Business Entity is (check one):
☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
Educational placement and consulting

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

Phone: (401) 683-3523

THE NAMES OF THE OFFICERS ARE:			
PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Stephen G. DiCicco	111 Coggeshall Avenue	Newport, RI	02840
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Vacant			
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Christopher B. Arnold	56 Alumni Avenue	Providence, RI	02906
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Christopher B. Arnold	56 Alumni Avenue	Providence, RI	02906

THE NAMES OF THE DIRECTORS ARE:			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Stephen G. DiCicco	111 Coggeshall Avenue	Newport, RI	02840
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Christopher B. Arnold	56 Alumni Avenue	Providence, RI	02906

NUMBER OF SHARES AUTHORIZED (Rider may be attached)				NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)			
Number of Shares	2000	Class / Series	Common	Number of Shares	PAID 1400	Class / Series	Common
No Par Value				No Par Value			

JAN 25 1995
SECY OF STATE

Date January 1995 By: EDUCATIONAL DIRECTIONS, INC.
Stephen G. DiCicco
President
TITLE OF OFFICER SIGNING

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.

EDMUND L. ALVES, JR
58 WEYBOSSET STREET
PROVIDENCE RI 02903

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: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0045193 Annual Report for the year: 1994
Name of Business Entity: Educational Directions, 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:

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
Phone: (401) 683-3523

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:
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
Date of Organization: 3/1/88
Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:
☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE
Stephen G. DiCicco 111 Coggeshall Avenue Newport, RI 02840
☐ CHIEF OPERATING OFFICER OR ☒ VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE
Vacant
☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE
Christopher B. Arnold 56 Alumni Avenue Providence, RI 02906
☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE
Christopher E. Arnold 56 Alumni Avenue Providence, RI 02906

THE NAMES OF THE DIRECTORS ARE:
NAME STREET ADDRESS CITY/STATE ZIP CODE
Stephen G. DiCicco 111 Coggeshall Avenue Newport, RI 02840
NAME STREET ADDRESS CITY/STATE ZIP CODE
Christopher B. Arnold 56 Alumni Avenue Providence, RI 02906

NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER 2000 CLASS Common SERIES PAR VALUE OR WITHOUT PAR No Par Value	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER 600 CLASS Common SERIES PAR VALUE OR WITHOUT PAR No Par Value
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Date February 28 1994 By: [Signature] EDUCATIONAL DIRECTIONS, INC.

Filing Fee \$50.00

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

3454873
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....004E193..... Annual Report for the year.....1993.....

FIRST: The name of the corporation is.....Educational Directions, Inc.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....to engage in educational placement
and consulting and to do all things incidental thereto.....

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

FIFTH: Business address in Rhode Island.....P.O. Box 768, Portsmouth, RI 02871-0768.....

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

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Stephen G. DiCicco.....President.....111 Coggeshall Ave., Newport, RI 02840

Chalmers Handy.....Vice President.....S. of Commons Rd., Little Compton, RI 02873

Christopher B. Arnold.....Secretary.....Alumni Ave., Providence, RI 02906

Christopher B. Arnold.....Treasurer.....Alumni Ave., Providence, RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

2,000

Common

PAID

No Par Value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

300

Common

No Par Value

Dated.....January 27..... 19 93.....

EDUCATIONAL DIRECTIONS, INC.

(Name of Corporation)

By.....

(Report must be signed by an officer)

Title.....President.....

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

114 CK 32478
R 72698

Corporate ID 0045193 Annual Report for the year 1992

FIRST: The name of the corporation is Educational Directions, Inc.

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FIFTH: Business address in Rhode Island PO Box 768, Portsmouth, R.I. 02871-0768

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Stephen G. DiCicco President 111 Coggeshall Ave., Newport, RI 02840

Chalmers Handy Vice President S. of Commons Rd., Little Compton, RI 02873

Christopher B. Arnold Secretary Alumni Ave., Providence, RI 02906

Christopher B. Arnold Treasurer Alumni Ave., Providence, RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

2,000

Common

PAID

No Par Value

JAN 27 1992

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

300

Common

No Par Value

Dated January 23 1992

(Name of Corporation) Educational Directions, Inc.

By [Signature]

Title Vice 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

Corporate ID 0046193 Annual Report for the year 1991

FIRST: The name of the corporation is Educational Directions, Inc.

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FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 111 Coggeshall Ave., Newport, RI 02840

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

Name

Office

Address (including number, street, zip code)

<u>None</u>	<u>Director</u>	
	<u>Director</u>	
	<u>Director</u>	
<u>Stephen G. DiCicco</u>	<u>President</u>	<u>111 Coggeshall Ave., Newport, RI 02840</u>
<u>Chalmers Handy</u>	<u>Vice President</u>	<u>S. of Commons Rd., Little Compton, RI 02873</u>
<u>Christopher B. Arnold</u>	<u>Secretary</u>	<u>Alumni Ave., Providence, RI 02906</u>
<u>Christopher B. Arnold</u>	<u>Treasurer</u>	<u>Alumni Ave., Providence, RI 02906</u>

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

2,000

Common

PAID

JAN 28 1991

No Par Value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

300

Common

No Par Value

Dated January 17 1991

(Name of Corporation) Educational Directions, Inc.

By Chalmers Handy

Title Vice 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 0045193 Annual Report for the year 1990

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and consulting and to do all things incidental thereto

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 111 Coggeshall Ave., Newport, RI 02840

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

None Director

Director

Director

Stephen G. DiCicco President 111 Coggeshall Ave., Newport, RI 02840

Chalmers Handy Vice President S. of Commons Rd., Little Compton, RI 0283

Christopher B. Arnold Secretary Alumni Ave., Providence, RI 02906

Christopher B. Arnold Treasurer Alumni Ave., Providence, RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

2000

Common

No Par Value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

300

Common

No Par Value

Dated January 29, 19 90

Educational Directions, Inc.
(Name of Corporation)

By Chalmers Handy

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

gh

Corporate ID 0046193

Annual Report for the year 1989

FIRST: The name of the corporation is Educational Directions, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in educational placement
and consulting and to do all things incidental thereto

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 111 Coggeshall Ave., Newport, RI 02840

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Stephen G. DiCicco

President

111 Coggeshall Ave., Newport, RI 02840

Chalmers Handy

Vice President

S. of Commons Rd., Little Compton, RI 02837

Franklin Dexter

Secretary

RR2, Saunderstown, RI 02874

Christopher B. Arnold

Treasurer

Alumni Ave., Providence, RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

2000

Common

Par Value
or statement that
shares are without
par value

PAID

No Par Value

MAR 29 1989

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

400

Common

Par Value
or statement that
shares are without
par value

No Par Value

Dated February 14 19 89

Educational Directions, Inc.

(Name of Corporation)

By

Title

(Report must be signed by an officer)