

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		ling Fee: \$50.00			<del></del>		
(FORM MUST BE TYPED I		<u> </u>	······································	<u> </u>			
1. Corporate ID No. *110797*		2. Name of Corporation Angel Care Montessori, Ltd.					
3. Street Address Principal B	usiness Office		City	State	Zip		
150 WATERMAN ST			PROVIDENCE	RI	02906-		
4. Business Phone No.	<del> </del>	5. State of Incorpora	alion	<del></del>	6. SIC Code		
(401)273-5151		RHODE ISLA	ND		8730		
7. Brief Description of the Co	•			1 .			
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President Name	ESSES OF THE OFF	ICERS ( A BOX FOR	Vice President Name	ACES BEFORE USING AT	TACHITEM 13		
Catherine Valent	;i		•				
Street Address	<del></del>		Street Address				
150 Waterman St	reet		•				
City	State	Zip	Ciry	State	Zip		
Providence	RI	02906	•				
Secretary Name			Treasurer Name	• • • • • • • • • • • •			
Catherine Valent	i		.Mardo Atoyan	Mardo Atoyan			
Street Address			* Street Address	* Street Address			
150 Waterman St	reet		.150 Waterman Street				
City	State	Zip	City	State	Zip		
Providence	RI	02906	. Providence	RI	02906		
9. NAMES AND ADDR Director Name	ESSES OF THE DIR	ECTORS ("X" BOX F	OR ATTACHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS		
Catherine Valent	ti		•		_		
Street Address	<del></del>	<del></del>	Street Address	<del></del>	<del>- 25 - 25</del>		
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City	State	Zip	·Ciry	Şiate	Na OCC		
Providence	RI	02906	•		그 등록		
Director Name			Director Name		RY O		
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City	State	Zip	·Ciry	State	Zip Zip		
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10. SHARES AUTHOR	IZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMEN	ή		
AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
8,000 COMM \$.01 PAR VALUE		100	Common	\$.01			
***** <u>*</u>							
This report must he sign	gned in ink by eithe	er the President, Vic	e President, Secretary, Ass	istant Secretary, Treasi	urcr. Receiver or Trustee		
			Under penalty of pe	erjury, I declare and affirm	that I have examined		
* '			this report, including	ig any accompanying sched	lules and statements,		

\*\*110797\* 2/20/034:17:39 PM\* Check No. FOR SECRETARY OF STATE USE ONLY

February 18, 2005 Signature of Officer Date Catherine Valenti Print or Type Name of Officer President Title of Officer Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

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Filing Period	Innuary 1 - March 1 .	Filing Fee: SSO OO		

(FORM MUST BE TYPED		ruing ree: \$50.00				
1. Corporate ID No.	2. Name of Corp	poration				
*110797*		Montessori, Ltd.				
3. Street Address Principal I			Ciry	State	Zip	
150 WATERMAN ST			PROVIDENCE	RI	02906-	
4. Business Phone No.		5. State of Incorpora			6. SIC Code	
(401)273-5151		RHODE ISLA			8730	
7. Brief Description of the Character of Business Conducted in Rhode Island			<del></del>			
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President Name	resses of the or	FICERS C'X BUX FOR	ATTACHMENT)   FILL IN SI	ACES BEFORE USING A	ITACHMENTS	
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Secretary Name	• • • • • • • • •		Treasurer Name		• • • • • • • • • • • • • • • • • • • •	
Catherine Valen	ti		Mardo Atoyan		i	
Street Address			* Street Address	•		
150 Waterman St	reet		.150 Waterman St	reet		
City	State	Zip	*City	State	Zip	
Providence	RI	02906	.Providence	RI	02906	
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Director Name			Director Name	•		
Catherine Valen	ti		•			
Street Address			Street Address			
150 Waterman St	reet					
City	State	Zip	•City	State	Zip	
Providence	RI	02906			]	
Director Name			Director Name		:	
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Street Address			Street Address		¦	
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10. SHARES AUTHOR	PIZED WOT POV FO	P ATTACUMENTS []	11 CHARGE ICCION (4)	X" BOX FOR ATTACHME!	<del></del>	
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		<b>ill</b> :				
* 1	1 0 7 9 7	## #		rjury, I declare and affirm		
				g any accompanying scho		
**110797* 2/20/034	7:39 PM*		and that all statemer	nts contained herein are tr	ue and correct.	
47.04			7		2. 77.001	
File Date				1/	D L 1 0 1	
Check No. 2605				Signature of Officer Date		
			Catherine Valenti			
By:		Print or Type Name of Officer				
			President			
FOR SECRETARY OF STATE USE ONLY			Title of Officer		Form 630 12/01	



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN	BLACK)	•				
1. Corporate ID No.	2. Nume of Corpo			<del></del>		
: <b>*</b> 110797 <b>*</b>	Angel Care	Montessori, Ltd.				
3. Street Address Principal Bus			City	State	Zip	
150 WATERMAN STR	EET		PROVIDENCE	RI	02906-	
4. Business Phone No. 5. State of Incorpor				6. SIC Code		
(401)273-5151		RHODE ISLA	AND		8730	
7. Brief Description of the Cha	racter of Business Con	ducted in Rhode Island				
TO-OWN-AND-OPERATE  8. NAMES AND ADDRES	MONTESSORI SC	HOOLS	ATTACHMENT)   FILL IN SP	ACES REFORE USING A	TTACHMENTS	
President Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	repus'('u pourion	Vice President Name	vera production i	i incantariis	
Catherine Valenti	i		•			
Street Address			* Street Address			
150 Waterman Stre	et		•			
Ciry	State	Zip	City	State	Zip	
Providence	RI	02906	•			
Secretary Name			Treasurer Name		• • • • • • • • • • • • • • • • • • • •	
Catherine Valenti			Mardo Atoyan			
Street Address			Street Address			
150 Waterman Stre	et		.150 Waterman St	reet		
City	State	Zip	*City	State	Zip	
Providence	RI	02906	. Providence	RI	02906	
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX F	Director Name	SPACES BEFORE USING	ATTACHMENTS	
Catherine Valenti	L		•			
Sireei Address			· Street Address			
150 Waterman Stre	et		•			
City	State	Zip	*City	State	Zip	
Providence	RI	02906	•		E-#	
Director Nume Street Address			Director Name			
			Sirect Address			
City	State	Zıp	.City	State	Zip	
10. SHARES AUTHORIZ	FD / Y'Y" BOY FOR	ATTACHMENT	11 CHARCETCHEN (4)	POVEORATTACUME	V7 (1	
AUTHORIZED SHARES	ED I A BOAFOR	ALIACHIIENI) 🗆	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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.8,000 COMM \$.01 PAF	R VALUE		100	Common	\$.01	
· ·						
This report must he sian	ed in ink hv eithi	or the President Vice	President, Secretary, Assis	tant Secretary Trees	urar Raceivar or Trusta	
report must be sign	es in the by clift	a me i realuem, Fici	e i resident, secretary, Assis	nam secretury, ireas	mer, receiver of itasice	
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+ 1 1	11   12   13   13   14   15   15   15   15   15   15   15			jury, I declare and affirm		
<u> </u>	· ·		this report, including	any accompanying sche	dules and statements,	
**110797* 2/20/034:1	7:39 PM*	7	and that all statemen	ts contained herein are tr	ue and correct.	
1			1/1/	19/1		
File Date 3-(1-0-3			Signature of Officer Date			
Check No. 2438						
CHECK IND. J. 7. h			Catherine Valenti			
Br. Kin		Print or Type Name of Officer				
-	LICE ONLY	-	President			
FOR SECRETARY OF STATE USE 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

2002

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

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

(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No. 110797	2. Name of Corpore Ang	el Care Montessori	i, Ltd.		_
3. Street Address Principal Busines. 150 Waterman Stree			Providence	State RI	02906
4. Business Phone No. (401) 273-5151		5. State of Incorporati Rhode Isla	on nd		6. SIC Code 8730
7. Brief Description of the Characte Own and operate M	er of Business Conducted Ontessori schoo	in Rhode Island lS.			
8. NAMES AND ADDRES President Name Catherine Valenti	SSES OF THE OFF	ICERS ("X" BOX FOR ATT	TACHMENT) FILL IN SPACES B  Vice President Name  None	EFORE USING ATTA	CHMENTS
Street Address	me- 00 12	34/92	Street Address		
City  Drawidence		02906	City	State	Zip
Providence Secretary Name Catherine Valenti Street Address 171 Elmgrove Aven	RI Ruc P.O. Bo		Treasurer Name Mardo Atoyan Street Address P.O. Box 41408		
City	State	Z.Ip	City	State	Zip
Providence	RI	02906	Providence	· RI	02940-1408
9. NAMES AND ADDRES Director Name Catherine Valenti	SSES OF THE DIR	ECTO <b>RS</b> (*x* box for a	ATTACHMENT) FILL IN SPACES  Director Name	BEFORE USING ATT	ACHMENTS
Street Address - 1-A-Elmgrove Aven	rec P.O. Box	. 2493	Street Address		
Providence	State RI	. 2493 <sup>Zip</sup> 02906	. City	State	Zip
Director Name	• • •	••••	Director Name		
Street Address			Street Address		
Спу	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 Comm \$	3.01 Par Value		100	Common	\$.01

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

	1. /
File Date:	3/6/2002
Check No.:	102955
Ву:	03
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.

February 24

Signature of Officer Date

Catherine Valenti

Print or Type Name of Officer President

Title 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

STOP PLEASE READ INSTRUCTIONS

FORM MUST BE TYPED IN	BLACK)			•		
Corporate ID No.	2. Name of Corporal	ion			<del></del>	
110797		Care Montessori, L	utd.			
3. Street Address Principal Busin			City	State	Zip	
150 Waterman S	treet		Providence	RI	02906	
401-273-5151		5. State of Incorporation			6. SIC Code	
	<u></u>	RHODE ISL	ZAND	<u> </u>	8730	
	Montessori schoo	ols.				
	ESSES OF THE OFFI	CERS ("X" BOX FOR ATTA	CHMENT) DFILL IN SPACES	BEFORE USING ATTAC	HMENTS	
President Name Catherine Valent	:		Vice President Name			
, , , , , , , , , , , , , , , , , , , ,	.I ——		None	<del></del>	_ <del></del> ,	
Street Address			Street Address			
171 Elmgrove A	venue  State	77	Circ	Tex	l m	
		Zip	City	State	Zip	
Providence Secretary Name	RI	02906	Treasurer Name			
Catherine Vale			Mardo Atoyan			
treet Address	:11.1	<del></del>	Street Address	<u> </u>	<del></del>	
171 Elmgrove A	venue		P.O. Box 41408			
Tity	State	Zip	City	State	Zip	
Providence	RI	02906	Providence	RI	02940-1408	
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Director Name			Director Name			
Catherine Valent	i					
Street Address			Street Address	<u> </u>		
171 Elmgrove A	venue					
'ity	State	Zip	City	State	Zip	
Providence	RI	02903				
Director Name			Director Name			
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10. SHARES AUTHORI AUTHORIZED SHARES	IZED CX BOX FOR ALL	ACHMENT) LI	II. SHARES ISSUED (	"X" BOX FOR ATTACHMENT	<u>р П</u>	
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0,000	COMM	3.01	100	common		
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his report must be si	<b>igned in ink</b> by eith	ner the President, Vic	e President, Secretary, Ass	istant Secretary, Treas	urei, Receiver or Trustee	

File Dute:	FILED
Check No.:	MAR 0 6 2001
Bv:	By CC 2129

Inder penalty of perjury, I declare and	affirm that I have examined
his report, including any accompanyin	ig_schedules and statements, and
hat all statements contained herein ar	
6 6	01.2801
Signature of Officer	Date
Catherine Valenti	
Print or Type Name of Officer	·····

\_President\_\_