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 IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
110797	Angel Care Montessori, Ltd.		
3. Street Address Principal Business Office	City	State	Zip
150 WATERMAN STREET	PROVIDENCE	RI	02906-
4. Business Phone No.	5. State of Incorporation		6. SIC Code
(401)273-5151	RHODE ISLAND		8730

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

TO OWN AND OPERATE MONTESSORI SCHOOLS.

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

President Name			Vice President Name		
Catherine Valenti					
Street Address			Street Address		
150 Waterman Street					
City	State	Zip	City	State	Zip
Providence	RI	02906			
Secretary Name			**Treasurer Name**		
Catherine Valenti			Mardo Atoyan		
Street Address			Street Address		
150 Waterman Street			150 Waterman Street		
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906

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

Director Name			Director Name		
Catherine Valenti					
Street Address			Street Address		
150 Waterman Street					
City	State	Zip	City	State	Zip
Providence	RI	02906			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
05 MAR 15 PM 3:49

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
8,000	COMM	$.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

[redacted] *110797*

**110797* 2/20/034:17:39 PM*

File Date 3/15/05

Check No. 2671

By: DA

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* February 28, 2005

Catherine Valenti
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

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

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
110797	Angel Care Montessori, Ltd.

3. Street Address Principal Business Office	City	State	Zip
150 WATERMAN STREET	PROVIDENCE	RI	02906-

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401)273-5151	RHODE ISLAND	8730

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

TO OWN AND OPERATE MONTESSORI SCHOOLS

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

President Name	Street Address	City	State	Zip
Catherine Valenti	150 Waterman Street	Providence	RI	02906

Vice President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Catherine Valenti	150 Waterman Street	Providence	RI	02906

Treasurer Name	Street Address	City	State	Zip
Mardo Atoyan	150 Waterman Street	Providence	RI	02906

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

Director Name	Street Address	City	State	Zip
Catherine Valenti	150 Waterman Street	Providence	RI	02906

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
8,000	COMM	$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	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

[redacted] *110797*

**110797* 2/20/034:17:39 PM*

File Date 3-3-04

Check No. 26005

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[redacted] 2-27-04

Signature of Officer *Date*

Catherine Valenti

Print or Type Name of Officer

[redacted] President

Title of Officer

Form 630 12/01

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 2003

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
110797	Angel Care Montessori, Ltd.			
3. Street Address Principal Business Office		City	State	Zip
150 WATERMAN STREET		PROVIDENCE	RI	02906-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401)273-5151	RHODE ISLAND			8730

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

TO-OWN-AND-OPERATE-MONTESSORI-SCHOOLS.

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

President Name			Vice President Name		
Catherine Valenti					
Street Address			Street Address		
150 Waterman Street					
City	State	Zip	City	State	Zip
Providence	RI	02906			
Secretary Name			**Treasurer Name**		
Catherine Valenti			Mardo Atoyan		
Street Address			Street Address		
150 Waterman Street			150 Waterman Street		
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906

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

Director Name			Director Name		
Catherine Valenti					
Street Address			Street Address		
150 Waterman Street					
City	State	Zip	City	State	Zip
Providence	RI	02906			
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
8,000	COMM	$.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

[redacted] *110797*

**110797* 2/20/034:17:39 PM*
File Date 3-1-03
Check No. 2438
By: [illegible]
FOR SECRETARY OF STATE USE ONLY

[redacted]

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* February 28, 2003

Catherine Valenti
Print or Type Name of Officer

[redacted] 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 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 110797
2. Name of Corporation: Angel Care Montessori, Ltd.
3. Street Address Principal Business Office: 150 Waterman Street — City: Providence — State: RI — Zip: 02906
4. Business Phone No.: (401) 273-5151
5. State of Incorporation: Rhode Island
6. SIC Code: 8730
7. Brief Description of the Character of Business Conducted in Rhode Island: Own and operate Montessori schools.

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

President Name: Catherine Valenti
Street Address: ~~171 Elmgrove Avenue~~ P.O. Box 2493
City: Providence — State: RI — Zip: 02906

Vice President Name: None
Street Address:
City: — State: — Zip:

Secretary Name: Catherine Valenti
Street Address: ~~171 Elmgrove Avenue~~ P.O. Box 2493
City: Providence — State: RI — Zip: 02906

Treasurer Name: Mardo Atoyan
Street Address: P.O. Box 41408
City: Providence — State: RI — Zip: 02940-1408

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

Director Name: Catherine Valenti
Street Address: ~~171 Elmgrove Avenue~~ P.O. Box 2493
City: Providence — State: RI — Zip: 02906

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
8,000	Comm	$.01 Par Value

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

ISSUED SHARES

Number of Shares	Class/Series	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

[redacted]

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*: February 28, 2002

Catherine Valenti
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date: 3/6/2002

Check No.: 102955

By:

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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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
110797	Angel Care Montessori, Ltd.			
3. Street Address Principal Business Office		City	State	Zip
150 Waterman Street		Providence	RI	02906
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-273-5151	RHODE ISLAND			8730

7. Brief Description of the Character of Business Conducted in Rhode Island
Own and operate Montessori schools.

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

President Name			Vice President Name		
Catherine Valenti			None		
Street Address			Street Address		
171 Elmgrove Avenue					
City	State	Zip	City	State	Zip
Providence	RI	02906			
Secretary Name			Treasurer Name		
Catherine Valenti			Mardo Atoyan		
Street Address			Street Address		
171 Elmgrove Avenue			P.O. Box 41408		
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02940-1408

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

Director Name			Director Name		
Catherine Valenti					
Street Address			Street Address		
171 Elmgrove Avenue					
City	State	Zip	City	State	Zip
Providence	RI	02903			
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
8,000	COMM	$.01	100	Common	$.01

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

[redacted]

[redacted]

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* 02.28.01

Catherine Valenti
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date: FILED

Check No.: MAR 06 2001

By: 02129

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