| | | | | | 25- | ··· |
|--|---|--|---|--|--|--|
| Service of the servic | lata a d | | | | | 2 |
| State of Rhode Island Department of State - Business Services Division | | | | | 22 | 2 |
| Annual Report for the ye | 1 0 - | PF | | | | j Š |
| Corporation → Filing period: Februa | n. 1 - May 1 | | | | 210 | , 2 |
| → Filing Fee: \$50.00 | | | <u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u> | 3 | | |
| → Penalty: Additional \$2 | | not filed by May 31 me of the Corporation | | | | |
| 1. Entity ID Number | . / 1 | I C | Tochti | > TN | • | 1 |
| 3. Principal Office Address | <u> </u> | -Carr | City | | State | Zip |
| 59 Fair fre | de Roa | d | Crons | ston | RI | 02910 |
| 4. NAICS Code | | | cter of business condu | rcted in Rhode Islan | nd | _ |
| 621399 | Edua | ction of | Self Care | - Have | rces | |
| 5. State of Incorporation | 1 1 | sical M | 0 0 | · -> \ T \ | 0 | |
| 7. List ALL officers (names a | | orcac vv | emin 5 | Check the box t | o indicate an | attachment |
| President Name | Vice-President Nam | Vice-President Name | | | | |
| Street Address | Breen - | . 1 | Street Address | | | |
| 59 tair | tred K | 1710 | City | | State | Zip |
| Canston | 3" R | ²¹⁰ 2910 | | | | |
| Secretary Name | | | Treasurer Name | | | |
| Street Address | <u> </u> | | Street Address | | | |
| City | State | Zip | City | | State | Zip |
| 1 ' | | | l l | ! | | |
| 8. List ALL directors (names | and addresses) | | | Check the box t | o indicate an | attachment |
| · | and addresses) | | Director Name | Check the box t | o indicate an | attachment 🗖 |
| 8. List ALL directors (names | and addresses) | | Director Name Street Address | Check the box t | o indicate an | attachment |
| 8. List ALL directors (names Director Name | and addresses) State | Zip | | | o indicate an | attachment 🗀 |
| 8. List ALL directors (names Director Name Street Address | | Zip | Street Address | | | |
| 8. List ALL directors (names Director Name Street Address City Director Name | | Zip | Street Address Gity | | | |
| 8. List ALL directors (names Director Name Street Address City Director Name Street Address | State | | Street Address City Director Name Street Address | | State | Zip |
| 8. List ALL directors (names Director Name Street Address City Director Name | | Zip | Street Address City Director Name | [5 | State | Zip |
| 8. List ALL directors (names Director Name Street Address City Director Name Street Address City 9. Shares Authorized | State | Zip 10. Shares Is | Street Address City Director Name Street Address City | | State | Zip |
| 8. List ALL directors (names Director Name Street Address City Director Name Street Address City | State | Zip 10. Shares Is NUMBER C | Street Address City Director Name Street Address City City Sued | Check the box | State | Zip Zip attachment |
| 8. List ALL directors (names Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of | State State | Zip 10. Shares Is | Street Address City Director Name Street Address City City Sued | Check the box | State | Zip Zip attachment |
| 8. List ALL directors (names Director Name Street Address City Director Name Street Address City 9. Shares Authorized This information is currently of Department of State. Changes require an additional | State State frecord in the filling. | Zip 10. Shares Is NUMBER O | Street Address City Director Name Street Address City Street Address | Check the box | State State to indicate an | Zip Zip attachment PAR VALUE |
| 8. List ALL directors (names Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of Department of State. Changes require an additional of the control of the contro | State State State frecord in the filling. uted on behalf of the nust be executed or | 2ip 10. Shares Is NUMBER O | Street Address City Director Name Street Address City Sued F SHARES authorized representation by the receiver | Check the box class/series | State State to indicate an | Zip attachment PAR VALUE ands of a re- |
| 8. List ALL directors (names Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of Department of State. Changes require an additional 11. This report must be executed by the executive of trustee, this report report of the executive of the execu | State State State frecord in the filling. uted on behalf of the nust be executed or declare and affirm tements contained | 2ip 10. Shares is NUMBER Of the corporation by an abehalf of the c | Street Address City Director Name Street Address City Sued F SHARES authorized representation by the receiver address and this report, included | Check the box CLASS/SERIES ive. If the corporati or trustee. | State State to indicate an | Zip attachment PAR VALUE |
| 8. List ALL directors (names Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of Department of State. Changes require an additional 11. This report must be executed a ceiver or trustee, this report runder penalty of perjury, it statements, and that all statements, and that all statements. | State State State State filling. uted on behalf of the nust be executed or declare and affirm tomative | 2ip 10. Shares is NUMBER Of the corporation by an abehalf of the c | Street Address City Director Name Street Address City Sued F SHARES authorized representation by the receiver address and this report, included | Check the box CLASS/SERIES ive. If the corporati or trustee. | State State to indicate an on is in the ha | Zip attachment PAR VALUE |
| 8. List ALL directors (names Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of Department of State. Changes require an additional 11. This report must be executed by the executive of trustee, this report report of the executive of the execu | State State State State filing. uted on behalf of the nust be executed or declare and affirm tements contained ntative | 2ip 10. Shares is NUMBER Of the corporation by an abehalf of the c | Street Address City Director Name Street Address City Sued F SHARES authorized representation by the receiver address and this report, included | Check the box CLASS/SERIES ive. If the corporati or trustee. | State State to indicate an on is in the ha | Zip attachment PAR VALUE |
| 8. List ALL directors (names Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of Department of State. Changes require an additional 11. This report must be executed by the control of the con | State State State State filing. uted on behalf of the nust be executed or declare and affirm tements contained ntative | 2ip 10. Shares is NUMBER Of the corporation by an abehalf of the c | Street Address City Director Name Street Address City Sued F SHARES authorized represental pration by the receiver and correct. | Check the box class/series ive. If the corporation trustee. ling any accompa | State State to indicate an on is in the harmying sched | Zip attachment PAR VALUE ands of a re- ules and |
| 8. List ALL directors (names Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of Department of State. Changes require an additional 11. This report must be executed by the control of the con | State State State State filing. uted on behalf of the nust be executed or declare and affirm tements contained ntative | 2ip 10. Shares is NUMBER Of the corporation by an abehalf of the c | Street Address City Director Name Street Address City Sued F SHARES authorized represental pration by the receiver and correct. | Check the box class/series ive. If the corporation trustee. ling any accompa | State State to indicate an on is in the harmying sched | Zip attachment PAR VALUE ands of a re- ules and |
| 8. List ALL directors (names Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of Department of State. Changes require an additional 11. This report must be executeiver or trustee, this report runder penalty of perjury, I statements, and that all state Name of Authorized Represe Signature of Authorized Represe Signature of Business Services 148 W. River Street, Providence, | State State State State State State It record in the state on behalf of the nust be executed or declare and affirm tements contained ntative Scale esentative | 2ip 10. Shares is NUMBER Of the corporation by an in behalf of the corporation by an in behalf of the corporation are true at | Street Address City Director Name Street Address City Sued F SHARES authorized represental pration by the receiver and correct. | Check the box class/series ive. If the corporation trustee. ling any accompa | State State to indicate an on is in the harmying sched | Zip attachment PAR VALUE ands of a re- ules and |
| 8. List ALL directors (names Director Name Street Address City Director Name Street Address City 9. Shares Authorized This Information is currently of Department of State. Changes require an additional 11. This report must be executed by the executed of | State State State State State State It record in the state on behalf of the nust be executed or declare and affirm tements contained ntative Scale esentative | 2ip 10. Shares is NUMBER Of the corporation by an in behalf of the corporation by an in behalf of the corporation are true at | Street Address City Director Name Street Address City Sued F SHARES authorized represental pration by the receiver and correct. | Check the box CLASS/SERIES ive. If the corporati or trustee. | State State to indicate an on is in the harmying sched | Zip attachment PAR VALUE ands of a re- ules and |
