



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3090

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 124244		2. Exact name of the limited liability company PAWTUXET VALLEY EDUCATORS, LLC			
3. State of formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island INSTRUCTION OF HEALTH AND SAFETY PROGRAMS			
5. Principal office address 5 CARRIE ANN DRIVE		City WEST WARWICK	State RI	Zip 02893-1941	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHN ROBINSON			Contact Title		
Street Address 124 MAIN STREET		City HOPE	State RI	Zip 02831-1839	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Gregory J. Schadone, Esquire			Address 7 Waterman Avenue		
Address			City North Providence, RI	Zip 02911	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED

124244

OCT 04 2007

By KMC
CK# 12803
638656

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.

 9/15/07
Signature of Authorized Person Date

JOHN ROBINSON

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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