

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_ 20 13

Filing Period: Januar Filing Fee: \$50.00 • F				JLT IN A \$25,00 PENAL	TY FEE.
1. Entity ID No.		of the Corporation			
70729	EAST	GREEN WICH	PRE SCHE	State RF	
3. Principal office address			City	State	Zip
167 TILLI	NGHAST	LO.	SAST GREE	NWICH RF	02818
4. Business Phone No.			5. State of Incorporati	מכ	
401— 884— 896 y  6. Brief description of the character of business conducted in Rhode Island					
6. Brief description of the cha	aracter of business co		LAMMING FOR	YOUNG CHILD	NEW ACES 2-
7. LIST <u>ALL</u> OFFICERS (N.	MES AND ADDRES	SES) ("X" BOX FOR AT	TACHMENT)		
President Name			Vice-President Name		
AMEY LARRAT			N/A		
Street Address			Street Address		
167 TILLING	HAST AD.				
Street Address 167 TILLING City EAST GREEN	State LICH RI	Zip 02818	City	State	Zip
Secretary Name			Treasurer Name		
PAUL LAIRRAT			PAUL	LARRAT	
Street Address			<del></del>		
1/2 TICAL	CHASTRA		167 TILL	INGHIAST RO	나 목 하신
167 TICLING City EAST GREENW	State	Zip	City	State RI	Zip S
The coscalil	R.F.	028/8	FAST GARE	entralic H RI	Q2818
8. LIST ALL DIRECTORS (	UNIXED AND ADDDE	COECHIVE BOY EOD A			
.71	NAMES AND AUDIO	SOES) (EXTEDUX FOR H	Director Name		
Director Name RITH MANCOUS			PAUL LARRAY 5		
Street Address 330 MOURNING POUE OR.  City SAUNGERS FOUN RI 02874			Street Address 167 TILLINGHHIST RD. & TI City EAST GREENWICH RT 210 02818		
SAUNDERS HOW	State RT	02874	City EAST GREE	State RI	Zip 028/8
Director Name AMEY LAI			Director Name		
Street Address 167 TILLINGHAST RN. City State RI Zip 02818			Street Address		
City CASCA VIII	State	Zip 06818	City	State	Zip
			IN CUADEC ICCIE	) ("X" BOX FOR ATTACHN	ENTA MESSAGE
9. SHARES AUTHORIZED		Na sumunika sa sa Marakatan na mata a Maraka sa Santa s	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is current	ly of record in the Ω	ffice of the Secretary		<del></del>	1
of State, Changes require a	n additional filing.		100	Common	\$.01
See Section 9 of Instruction	n sheet.				
This report must be execute	ed on behalf of the co	rporation by an authorize be executed on behalf of	I representative. If the the corporation by the	corporation is in the hands or receiver or trustee	of a receiver or trustee,
- 1 A	and report most	FILED		erjury, I declare and affirm	that I have examined
File Date		Lirra	this report, includ	ng any accompanying sch lents contained herein are	nedules and statement
Check No. APR 0 2 2013		Elaur 3-30		3-30-13	
By:		1/1/4/			
D);;;		777111871	Signature of Autho	rized Representative	Date

FOR SECRETARY OF STATE USE CHEY Form No. 630

Revised: 01/2012

Print or Type Name of Authorized Representative