



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter)

Federal Employer Identification Number: 270695202 (must be 9 digits)

Annual Report Filing Year: 2014

1.a. Exact name of the limited liability company: MÈRE • AMIE, LLC

1.b. The exact name of the limited liability company as amended, is: MÈRE • AMIE, LLC

2a. Location of its principal office:

No. and Street: 9 HILLTOP ROAD

City or Town: HINGHAM State: MA Zip: 02043 Country: USA

2b. Street address of the office in the Commonwealth at which the records will be maintained:

No. and Street: 9 HILLTOP ROAD

City or Town: HINGHAM State: MA Zip: 02043 Country: USA

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:

THE GENERAL CHARACTER OF THE BUSINESS OF THE LLC IS TO PROVIDE SERVICES TO PARENTS RELATING TO THE TASKS AND RESPONSIBILITIES OF RAISING CHILDREN AND MANAGING A HOUSEHOLD, INCLUDING BY PROVIDING ASSISTANCE WITH CHILD CARE; TRANSPORTATION OF CHILDREN TO AND FROM SCHOOL, EVENTS AND APPOINTMENTS; RUNNING OF ERRANDS; COORDINATION OF THE SCHEDULES OF CHILDREN, PARENTS AND OTHER FAMILY MEMBERS; AND TO ENGAGE IN ANY OTHER BUSINESS AUTHORIZED UNDER THE ACT.

4. The latest date of dissolution, if specified:

5. Name and address of the Resident Agent:

Name: LISA K. MEYER

No. and Street: 9 HILLTOP ROAD

City or Town: HINGHAM State: MA Zip: 02043 Country: USA

6. The name and business address of each manager, if any:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code

7. The name and business address of the person(s) in addition to the manager(s), authorized to execute

documents to be filed with the Corporations Division, and at least one person shall be named if there are no managers.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	LISA MEYER	9 HILLTOP ROAD HINGHAM, MA 02043 USA
SOC SIGNATORY	PETER M. GOLEMME ESQ.	9 HILLTOP ROAD HINGHAM, MA 02043
SOC SIGNATORY	LISA K. MEYER	9 HILLTOP ROAD HINGHAM, MA 02043 USA

8. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
REAL PROPERTY	LISA K. MEYER	9 HILLTOP ROAD HINGHAM, MA 02043
REAL PROPERTY	LISA MEYER	9 HILLTOP ROAD HINGHAM, MA 02043 USA

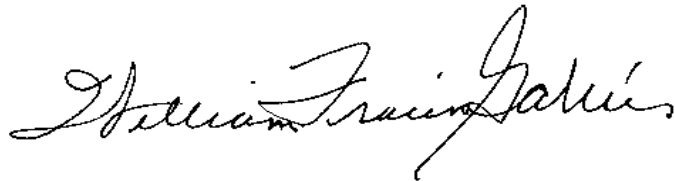
9. Additional matters:

**SIGNED UNDER THE PENALTIES OF PERJURY, this 3 Day of November, 2014,
LISA K. MEYER , Signature of Authorized Signatory.**

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

November 03, 2014 09:56 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive, flowing style with a large initial 'W' and 'G'.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth