



**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** 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>62732</b>		2. Exact name of the Corporation <b>STORY LAND PRESCHOOL INC</b>		
3. Principal office address <b>180 Mt. Hope Ave</b>		City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
4. Business Phone No. <b>401-253-1280</b>		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>PRESCHOOL/DAYCARE</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
President Name <b>ANDRIA A CAPPELLETTI</b>		Vice-President Name		
Street Address <b>115 PECK AVE</b>		Street Address <b>SAME</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City	State
Secretary Name <b>SAME</b>		Treasurer Name <b>SAME</b>		
Street Address <b>SAME</b>		Street Address <b>SAME</b>		
City	State	Zip	City	State
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name <b>SAME</b>		Director Name		
Street Address <b>SAME</b>		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. <b>100 SHS NO PAR VAL</b>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>NONE</b>	<del>1.00</del>

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_

**FILED**

Check No \_\_\_\_\_

**MAR 26 2012**

By: \_\_\_\_\_

By **AMC**

FOR SECRETARY OF STATE USE ONLY

**CH # 8479**

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]** **3/15/12**  
 Signature of Authorized Representative Date

**ANDRIA A. CAPPELLETTI**  
 Print or Type Name of Authorized Representative