



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

2013

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 51014		2. Exact name of the Corporation PLAY & LEARN PRESCHOOL, INC.			
3. Principal office address 953 Eddy Street		City Providence	State RI	Zip 02905	
4. Business Phone No. 401-461-4454		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island PRESCHOOL					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lisbeth W. Simpson			Vice-President Name Trevor D. Simpson		
Street Address 15 Beach Park Avenue			Street Address 180 Paine Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02889
Secretary Name Lisbeth W. Simpson			Treasurer Name Lisbeth W. Simpson		
Street Address 15 Beach Park Avenue			Street Address 15 Beach Park Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lisbeth W. Simpson			Director Name Trevor D. Simpson		
Street Address 15 Beach Park Avenue			Street Address 180 Paine Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02889
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	Common	No par value

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 _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

APR 30 2013

BY 3870 E-2203

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.

Lisbeth W. Simpson 4/12/13
 Signature of Authorized Representative Date

Lisbeth W. Simpson, President

Print or Type Name of Authorized Representative