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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 2014

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.	2. Exact name of the Corporation		
20329	RHYME & REASON LTD.		
3. Principal office address: 14 UNION ST.	City: JAMESTOWN	State: RI	Zip: 02835
4. Business Phone No.: 401 - 423 - 0330	5. State of Incorporation: R.I.		
6. Brief description of the character of business conducted in Rhode Island: WAS A PRE-SCHOOL FOR 32 yrs. WE ARE PLANNING TO LEASE			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: DIANE J. CARDIN			Vice-President Name: KAREN L SALZILLO		
Street Address: 14 UNION ST			Street Address: 10 CRABAPPLE LN.		
City: JAMESTOWN	State: RI	Zip: 02835	City: GREENVILLE	State: RI	Zip: 02828
Secretary Name: DIANE J. CARDIN			Treasurer Name: KAREN L. SALZILLO		
Street Address: 14 UNION ST			Street Address: 10 CRABAPPLE LN		
City: JAMESTOWN	State: RI	Zip: 02835	City: GREENVILLE	State: RI	Zip: 02828

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: DIANE J. CARDIN			Director Name: KAREN L SALZILLO		
Street Address: 14 UNION ST.			Street Address: 10 CRABAPPLE LN		
City: JAMESTOWN	State: RI	Zip: 02835	City: GREENVILLE	State: RI	Zip: 02828
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
50	NO PAR Common	
50	NO PAR Common	

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.

FILED
FEB 04 2014
BY 3048

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

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.

Diane Cardin 2/2/14
Signature of Authorized Representative — Date

DIANE J. CARDIN
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
102429-2-940285