



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. Entry ID No. 000799802		2. Exact name of the Corporation The Lighthouse Preschool, Inc.			
3. Principal office address 1140 Reservoir Avenue		City Cranston	State RI	Zip 02920	
4. Business Phone No. 401-654-6854		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) ☐					
President Name Allison J. Costabile			Vice-President Name Kristin Calitri		
Street Address 94 Pheasant Drive			Street Address 281 Longmeadow Avenue		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02889
Secretary Name Allison J. Costabile			Treasurer Name Kristin Calitri		
Street Address 94 Pheasant Drive			Street Address 281 Longmeadow Avenue		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02889
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Kristin Calitri			Director Name Allison J. Costabile		
Street Address 281 Longmeadow Avenue			Street Address 94 Pheasant Drive		
City Warwick	State RI	Zip 02889	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			1000	STK	0.0100

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

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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 of Authorized Representative

2/3/14
Date

Allison J. Costabile

Print or Type Name of Authorized Representative