



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 2016

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. 86799		2. Exact name of the Corporation Greenwich Village Nursery & Kindergarten, LTD.			
3. Principal office address 227 Nooseneck Hill Road		City West Greenwich	State RI	Zip 02817	
4. Business Phone No. 401-397-7832		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To operate, manage and maintain a nursery school, kindergarten, pre-school and child care facility.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rosemary Reay			Vice-President Name Rosemary Reay		
Street Address 17 Watercress Court			Street Address 17 Watercress Court		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Rosemary Reay			Treasurer Name Rosemary Reay		
Street Address 17 Watercress Court			Street Address 17 Watercress Court		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Rosemary Reay			Director Name		
Street Address 17 Watercress Court			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
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
			200	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

JAN 21 2016

HL 4282

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.

Rosemary Reay 1-14-16
Signature of Authorized Representative Date

Rosemary Reay, President

Print or Type Name of Authorized Representative