



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 2017

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. 799574		2. Exact name of the Corporation WESTERLY PRE-SCHOOL, INC			
3. Principal office address 13 CROSS STREET		City WESTERLY	State RI	Zip 02891	
4. Business Phone No. 401-315-2250		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island PRE-SCHOOL					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MELISSA SPOSATO			Vice-President Name MASSIMO SPOSATO		
Street Address 163 WINNAPAU ROAD			Street Address 163 WINNAPAU ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name MELISSA SPOSATO			Treasurer Name MASSIMO SPOSATO		
Street Address 163 WINNAPAU ROAD			Street Address 163 WINNAPAU ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MELISSA SPOSATO			Director Name MASSIMO SPOSATO		
Street Address 163 WINNAPAU ROAD			Street Address 163 WINNAPAU ROAD		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
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

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

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.

FILED *Melissa Sposato* 2/26/17
Signature of Authorized Representative Date

MAR 02 2017 **MELISSA SPOSATO**

Print or Type Name of Authorized Representative

BY 142305