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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: Corporation

**STAMP** 

FOR

| $\rightarrow$ | Filing | period: | January | 1 | - March 1 |
|---------------|--------|---------|---------|---|-----------|
|---------------|--------|---------|---------|---|-----------|

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

| 1. Entity ID Number   | Number 2. Exact name of the Corporation |   |  |                                      |                     |                        |  |  |  |  |
|---|---|---|--|--------------------------------------|---------------------|------------------------|--|--|--|--|
| 000165076   | The Ging                                | The Gingerbread House Preschool, Inc.                                       |  |                                      |                     |                        |  |  |  |  |
| 3. Principal Office Address   | City                                    |   | State                                    | Zip                                  |                     |                        |  |  |  |  |
| 1140 Reservoir Avenue   |   |   | Cranston                                 |                                      | RI                  | 02920                  |  |  |  |  |
| 4. NAICS Code   | <ol><li>Brief desc</li></ol>            | 6. Brief description of the character of business conducted in Rhode Island |  |                                      |                     |                        |  |  |  |  |
| 61  | Operation (                             | Operation of a preschool  |  |                                      |                     |                        |  |  |  |  |
| 5. State of Incorporation   | 10000                                   | 1 62000   |  |                                      |                     |                        |  |  |  |  |
| Rhode Island  | le Island UAYY\O                        |   |  |                                      |                     |                        |  |  |  |  |
| 7. List ALL officers (names and                                     | addresses)                              |   |  | Che                                  | ck the box to indic | cate an attachment     |  |  |  |  |
| President Name Kristin J. Calitri                                   |   |   | Vice-President Name Allison J. Costabile |                                      |                     |                        |  |  |  |  |
| Street Address 281 Longmeado  | Street Addre                            | Street Address 94 Pheasant Drive  |  |                                      |                     |                        |  |  |  |  |
| City Warwick  | State RI                                | Z <sup>ip</sup> 02889   | City Cranston                            |                                      | State RI            | <sup>Zip</sup> 02920   |  |  |  |  |
| Secretary Name Allison J. Cost                                      | Treasurer Name Kristin J. Calitri       |   |  |                                      |                     |                        |  |  |  |  |
| Street Address 281 Longmeadow Avenue                                |   |   | Street Address 281 Longmeadow Avenue     |                                      |                     |                        |  |  |  |  |
| City Warwick  | State RI                                | <sup>Zip</sup> 02889  | City Warwick                             |                                      | State RI            | Z <sub>IP</sub> 02889  |  |  |  |  |
| <ol><li>List ALL directors (names ar</li></ol>                      | id addresses)                           |   |  | Che                                  | ck the box to indi  | cate an attachment     |  |  |  |  |
| Director Name Allison J. Costa                                      | Director Name Kristin J. Calitri        |   |  |                                      |                     |                        |  |  |  |  |
| Street Address 94 Pheasant Drive                                    |   |   |  | Street Address 281 Longmeadow Avenue |                     |                        |  |  |  |  |
| City Cranston   | State RI                                | Zip 02920   | City Warwick                             |                                      | State RI            | Zip 02889              |  |  |  |  |
| Director Name   | Director Name                           |   |  |                                      |                     |                        |  |  |  |  |
| Street Address  |   |   | Street Address                           |                                      |                     |                        |  |  |  |  |
| City  | State                                   | Zip   | City                                     |                                      | State               | Zip                    |  |  |  |  |
| 9. Shares Authorized  | <del>_</del>                            | 10. Shares Iss  | ued                                      | Che                                  | ck the box to indic | cate an attachment     |  |  |  |  |
| This information is currently of record in the Department of State. |   | 600.00  |  | CLASS/SE                             | RIES                | PAR VALUE              |  |  |  |  |
|   |   |   |  | STK                                  |                     | \$0.0100               |  |  |  |  |
| Changes require an additional fil                                   | ling.                                   |   |  |                                      |                     |                        |  |  |  |  |
| 11. This report must be execute trustee, this report must be exe    |   | *   | •  |                                      | rporation is in the | hands of a receiver or |  |  |  |  |
| Under penalty of perjury, I de                                      | clare and affirm                        | that I have examin  | ed this report                           |                                      | ompanying sche      | dules and              |  |  |  |  |
| statements, and that all state<br>Name of Authorized Represent      |   | herein are true an  | d correct.                               |                                      | Date , ,            | , ,                    |  |  |  |  |
| Kristin J. Calitri A  |   |   |  |                                      |                     |                        |  |  |  |  |
| Signature of Authorized Repres                                      | sentative                               |   |  |                                      | /                   |                        |  |  |  |  |
| 10/1  |   | SIGN DO   | CUMENT FE                                |                                      | <u> </u>            |                        |  |  |  |  |
| MAIL TO:  |   |   | RV                                       | X1755 1-X                            |                     |                        |  |  |  |  |

Division of Business Services
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FORM 630 - Revised: 10/2017