State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ 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	2. Exact name of the Corporation
001329906	**The Greenhouse Preschool, Inc.**

3. Principal Office Address	City	State	Zip
1140 Reservoir Avenue	**Cranston**	**RI**	**02920**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
61	**Operation of a day care**
5. State of Incorporation	624410
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Allison J. Costabile	**94 Pheasant Drive**	**Cranston**	**RI**	**02920**

Vice-President Name	Street Address	City	State	Zip
Kristin J. Calitri	**281 Longmeadow Avenue**	**Warwick**	**RI**	**02889**

Secretary Name	Street Address	City	State	Zip
Allison J. Costabile	**94 Pheasant Drive**	**Cranston**	**RI**	**02920**

Treasurer Name	Street Address	City	State	Zip
Kristin J. Calitri	**281 Longmeadow Avenue**	**Warwick**	**RI**	**02889**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Allison J. Costabile	**94 Pheasant Drive**	**Cranston**	**RI**	**02920**

Director Name	Street Address	City	State	Zip
Kristin J. Calitri	**281 Longmeadow Avenue**	**Warwick**	**RI**	**02889**

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000.00	**STK**	**$0.0100**

11. 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.

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.

Name of Authorized Representative	Date
Allison J. Costabile	2/7/18

Signature of Authorized Representative: Allison Costa — SIGN DOCUMENT HERE

FILED
FEB 23 2018
BY 11320S

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017