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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 Corporation

STAMP

FOR

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25		, , , , , , , , , , , , , , , , , , ,			_		
1. Entity ID Number 001673895		2. Exact name of the Corporation KIDS CLUB ON THE PIKE, INC.					
3. Principal Office Address	îce Address			City		Zip	
2320 Plainfield Pike			Johnston		RI	02919	
4. NAICS Code 61 QQUID 5. State of Incorporation Rhode Island		6. Brief description of the character of business conducted in Rhode Island Operation of a preschool					
7. List ALL officers (names an	d addresses)			Chec	k the box to it	ndicate an attachment	
President Name Allison J. Cos	Vice-President Name Kristin J. Duffy						
Street Address 94 Pheasant D	Street Address 281 Longmeadow Avenue						
City Cranston	State RI	^{Zip} 02920	City Warwick		State RI	Zip 02889	
Secretary Name Kristin J. Duffy			Treasurer Name Allison J. Costabile				
Street Address 281 Longmeadow Avenue			Street Address 94 Pheasant Drive				
City Warwick	State RI	Zip 02889	Crty Cranston		State RI	^{Z_ip} 02920	
8. List ALL directors (names a	and addresses)	•		Chec	k the box to i	ndicate an attachment 🔲	
Director Name Allison J. Costabile			Director Nam	Director Name Kristin J. Duffy			
Street Address 94 Pheasant Drive			Street Address 281 Longmeadow Avenue				
Cranston	State RI	Zip 02920	City Warwick		State RI	Zip 02889	
Director Name	Director Name						
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
9. Shares Authorized	10. Shares Iss						
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES 200.00		CLASS/SER	IES	PAR VALUE 0.000	
11. This report must be executrustee, this report must be ex		•			poration is in t	the hands of a receiver or	
Under penalty of perjury, I d	leclare and affirm	that I have examin	ed this report,		mpanying s	chedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
Allison J. Costabile						0/7/18	
Signature of Authorized Repre	esentative	SIGN DO	Fi CUMENT HERE	LED	•		
MAIL TO:	(in/h)		FED 2	3 2018			

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

