RI SOS Filing Number: 202194854140 Date: 3/22/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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→ Penalty: Additional \$25	5.00 fee if form is no	ot filed by April 1.		- الاستان الاس - المستان الم					
1. Entity ID Number 000796361		2. Exact name of the Corporation The Farmhouse Preschool, Inc.							
3. Principal Office Address 1140 Reservoir Avenue	•		City Cranston		State RI	Zip 02920			
4. NAICS Code 624410 5. State of Incorporation		iption of the charac of a preschool	cter of business o	conducted in Rhod	le Island				
Rhode Island									
Descrident Name	List ALL officers (names and addresses) esident Name Kristin J. Calitri				Check the box to indicate an attachment Vice-President Name Allison J. Costabile				
Street Address 281 Longmeadow Avenue			Street Address 94 Pheasant Drive						
City Warwick	State RI	Z ^{ip} 02889	City Cranston		State RI	Zip 02920			
Secretary Name Allison J. Co			Treasurer Nar	Treasurer Name Kristin J. Calitri					
Street Address 94 Pheasant Drive			Street Addres	Street Address 281 Longmeadow Avenue					
City Cranston	State RI	^{Zip} 02920	City Warwick		State RI	^{Zip} 02889			
8. List ALL directors (names	and addresses)			Che	ck the box to in	dicate an attachment 🔲			
Director Name Kristin J. Calif			Director Name	Allison J. Costa					
Street Address 281 Longmeadow Avenue			Street Addres	Street Address 94 Pheasant Drive					
City Warwick	State RI	^{Zip} 02889	City Cranston		State RI	^{Zip} 02920			
Director Name		•	Director Name	9		-			
Street Address			Street Address						
City	State	Žip	City		State	Zip			
9. Shares Authorized	fracord in the	10. Shares Is:							
This information is currently of record in the Department of State.		600.00			SWEO .	\$0.0100			
Changes require an additional	filing.								
11. This report must be executrustee, this report must be e					rporation is in th	e hands of a receiver or			
Under penalty of perjury, I statements, and that all sta	declare and affirm	that I have examin	ed this report, i		companying sc	hedules and			
Name of Authorized Represe Kristin J. Calitri					Date 2	121			
Signature of Authorized Repr	esentative	0,0,1,5,0				10-1			
/ / / /	·	SIGN DC	CUMENT HERE						

MAIL TO:

MAIL 1U:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222{3040

Website: www.sos.rl.gov