RI SOS Filing Number: 202195208320 Date: 3/30/2021 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
MAR 30 2021
BY 742

Annual Report for the year: 2021
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
001673895	**KIDS CLUB ON THE PIKE, INC.**

3. Principal Office Address	City	State	Zip
2320 Plainfield Pike	**Johnston**	**RI**	**02919**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
624410	**Operation of a preschool**
5. State of Incorporation: **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. Duffy	**281 Longmeadow Avenue**	**Warwick**	**RI**	**02889**

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

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

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. Duffy	**281 Longmeadow Avenue**	**Warwick**	**RI**	**02889**

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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

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

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200.00	**CNP**	**0.000**

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	3/26/21

Signature of Authorized Representative: Allison Costabile SIGN DOCUMENT HERE

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