



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

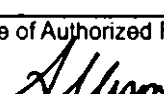
FILED

Annual Report for the year: **2021**
Corporation

MAR 30 2021

GY-742

- 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 001673895		2. Exact name of the Corporation KIDS CLUB ON THE PIKE, INC.			
3. Principal Office Address 2320 Plainfield Pike			City Johnston	State RI	Zip 02919
4. NAICS Code 624410	6. Brief description of the character of business conducted in Rhode Island 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 Allison J. Costabile			Vice-President Name Kristin J. Duffy		
Street Address 94 Pheasant Drive			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	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Allison J. Costabile			Director Name Kristin J. Duffy		
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 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
			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 Allison J. Costabile					Date 3/26/21
Signature of Authorized Representative 					SIGN DOCUMENT HERE