



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

FEB 06 2023
 6012 *R*

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entry ID Number 86799		2. Exact name of the Corporation Greenwich Village Nursery & Kindergarten, LTD.			
3. Principal Office Address 227 Nooseneck Hill Road		City West Greenwich		State RI	Zip 02817
4. NAICS Code 611110		5. Brief description of the character of business conducted in Rhode Island To operate, manage and maintain a nursery school, kindergarten, pre-school and child care facility.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rosemary Reay			Vice-President Name Rosemary Reay		
Street Address 17 Watercress Court			Street Address 17 Watercress Court		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip
Secretary Name Rosemary Reay			Treasurer Name Rosemary Reay		
Street Address 17 Watercress Court			Street Address 17 Watercress Court		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rosemary Reay			Director Name		
Street Address 17 Watercress Court			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			200	Common	No Par Value
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 Rosemary Reay, President				Date 1-15-22	
Signature of Authorized Representative <i>Rosemary Reay Pres.</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov