



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2023**

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 20 2023

BY 1454 pl

1. Entity ID Number 001329906		2. Exact name of the Corporation The Greenhouse Preschool, Inc.			
3. Principal Office Address 1140 Reservoir Avenue		City Cranston		State RI	Zip 02920
4. NAICS Code 624410		6. Brief description of the character of business conducted in Rhode Island Operation of a day care			
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 Allison J. Costabile			Vice-President Name Kristin J. Calitri		
Street Address 94 Pheasant Drive			Street Address 53 Port Circle		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02889
Secretary Name Allison J. Costabile			Treasurer Name Kristin J. Calitri		
Street Address 94 Pheasant Drive			Street Address 53 Port Circle		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Allison J. Costabile			Director Name Kristin J. Calitri		
Street Address 94 Pheasant Drive			Street Address 53 Port Circle		
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					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.			NUMBER OF SHARES 1,000	CLASS/SERIES STK	PAR VALUE \$0.0100
Changes require an additional filing.					
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 3/28/23
Signature of Authorized Representative 					

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: 2/2023