



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Corporation

APR 20 2023

BY 941
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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 <input type="checkbox"/>					
President Name Allison J. Costabile			Vice-President Name Kristin J. Duffy		
Street Address 94 Pheasant Drive			Street Address 53 Port Circle		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02889
Secretary Name Kristin J. Duffy			Treasurer Name Allison J. Costabile		
Street Address 53 Port Circle			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 <input type="checkbox"/>					
Director Name Allison J. Costabile			Director Name Kristin J. Duffy		
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. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	CNP	\$0.0000
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 <i>Allison Costabile</i>					