RI SOS Filing Number: 202333501050 Date: 4/20/2023 4:00:00 PM

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 SOS

1. Entity ID Number	2. Exact name of the Corporation
001672728	The Schoolhouse Preschool, Inc.

3. Principal Office Address	City	State	Zip
1140 Reservoir Avenue	Cranston	RI	02920

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
Kristin J. Calitri	53 Port Circle	Warwick	RI	02889

Vice-President Name	Street Address	City	State	Zip
Allison J. Costabile	94 Pheasant Drive	Cranston	RI	02920

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

Treasurer Name	Street Address	City	State	Zip
Kristin J. Calitri	53 Port Circle	Warwick	RI	02889

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. Calitri	53 Port Circle	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Kristin J. Calitri	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