



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

APR 23 2024
 4563 *or*

- 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 000799802		2. Exact name of the Corporation The Lighthouse 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 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. 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 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
			1,000		STK
			PAR VALUE		\$0.0100
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 4/8/24
Signature of Authorized Representative <i>Allison Costabile</i>					

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