



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 65460		2. Name of Corporation CRAYONS & Lollipop INC			
3. Street Address Principal Business Office 383 MASSASOIT Ave		City East Providence	State RI		
4. Business Phone No. 401.938.5208		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island DAYCARE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dawn Olasbegi		Vice President Name NONE			
Street Address 383 MASSASOIT Ave		Street Address			
City East Providence	State RI	City	State		
Zip 02914		Zip			
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐			
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 Shares	None	No Par Value	100 Shares	NONE	No Par Value

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.

File Date	FILED
Check No.	MAR 13 2008
By:	DS 9224
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: Dawn Olasbegi Date: 3-9-08
Print or Type Name: Dawn Olasbegi
Title: President