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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
363017	LearningWorks, Inc.		
3. Principal office address: 1058 Kingstown Road	City: Peace Dale	State: RI	Zip: 02879
4. Business Phone No.: (401) 515-2006	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: Training executive functions with digital technologies			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Ira Randy Kulman	Vice-President Name: None
Street Address: 1058 Kingstown Road	Street Address:
City: Peace Dale / State: RI / Zip: 02879	City: / State: / Zip:
Secretary Name: Ira Randy Kulman	Treasurer Name: Ira Randy Kulman
Street Address: 1058 Kingstown Road	Street Address: 1058 Kingstown Road
City: Peace Dale / State: RI / Zip: 02879	City: Peace Dale / State: RI / Zip: 02879

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Ira Randy Kulman	Director Name:
Street Address: 1058 Kingstown Road	Street Address:
City: Peace Dale / State: RI / Zip: 02879	City: / State: / Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	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.

FOR SECRETARY OF STATE USE ONLY
File Date
Check No.
By:

FILED
MAR 25 2014
9371

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 of Authorized Representative — Date: 1/27/14

Ira Randy Kulman Ira Randy Kulman
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

104915-16-955277