



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

2015

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. 000789738		2. Exact name of the Corporation SPROUTEL, INC.			
3. Principal office address 60 Valley St Ste 105		City Providence	State RI	Zip 02909	
4. Business Phone No. (914) 806-6514		5. State of Incorporation DE			
6. Brief description of the character of business conducted in Rhode Island BUSINESS OF DEVELOPING, MANUFACTURING, MARKETING AND/OR SELLING INTERACTIVE TEACHING TOYS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
President Name AARON HOROWITZ			Vice-President Name NONE		
Street Address 60 VALLEY ST UNIT 13			Street Address NA		
City PROVIDENCE	State RI	Zip 02909	City NA	State NA	Zip NA
Secretary Name NONE			Treasurer Name HANNAH CHUNG		
Street Address NA			Street Address 62 WILLOW ST #3R		
City NA	State NA	Zip NA	City PROVIDENCE	State RI	Zip 02909
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
Director Name NONE			Director Name NONE		
Street Address NA			Street Address N/A		
City NA	State NA	Zip NA	City NA	State MA	Zip N/A
Director Name NONE			Director Name NONE		
Street Address N/A			Street Address N/A		
City N/A	State MA	Zip N/A	City MA	State N/A	Zip N/A
9. SHARES AUTHORIZED					
10. SHARES ISSUED (X) BOX FOR ATTACHMENT					
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.					
NUMBER OF SHARES 0		CLASS/SERIES CWP		PAR VALUE 0	

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.

Signature of Authorized Representative

Date
06/02/2015

JOEL P. SCHWARTZ
Print or Type Name of Authorized Representative

File Date
Check No
By
FOR SECRETARY OF STATE USE ONLY

FILED

JUN 02 2015

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A.A. 11:10 A.M.