



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000794743		2. Exact name of the Corporation Learn Fresh Education Co.	
3. State of Incorporation Delaware		4. Brief description of the character of business conducted in Rhode Island Committed to improving math literacy by designing and distributing fun, innovative educational tools	
5. Principal office address		City	State
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Khalil Fuller		Vice-President Name	
Street Address 100 Adams Point Rd		Street Address	
City Barrington	State RI	Zip 02806	City
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS <input type="checkbox"/>			
Director Name Bill Daugherty		Director Name Micah Gilmer	
Street Address 100 Adams Point Rd		Street Address 100 Adams Point Rd	
City Barrington	State RI	Zip 02806	City Barrington
Director Name Latesha Williams		Director Name Steve Leinwand	
Street Address 100 Adams Point Rd		Street Address 100 Adams Point Rd	
City Barrington	State RI	Zip 02806	City Barrington
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2015 OCT -5 AM 11:51

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

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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.

Khalil Fuller 9/30/15
 Signature of Officer or Authorized Representative Date

Khalil Fuller
 Print or Type Name of Officer or Authorized Representative

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