



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