



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>363017</b>		2. Exact name of the Corporation <b>LearningWorks, Inc.</b>			
3. Principal Office Address <b>1058 Kingstown Road</b>			City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02879</b>
4. NAICS Code <b>54 - Professional, Scientific, an</b>		6. Brief description of the character of business conducted in Rhode Island <b>Training executive functions with digital technologies</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Ira Randy Kulman</b>			Vice-President Name <b>None</b>		
Street Address <b>1058 Kingstown Road</b>			Street Address		
City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Secretary Name <b>Ira Randy Kulman</b>			Treasurer Name <b>Ira Randy Kulman</b>		
Street Address <b>1058 Kingstown Road</b>			Street Address <b>1058 Kingstown Road</b>		
City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02879</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Ira Randy Kulman</b>			Director Name		
Street Address <b>1058 Kingstown Road</b>			Street Address		
City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02879</b>	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 Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES		CLASS/SERIES
			100		common
					PAR VALUE
					no par value
11. 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.					
<b>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.</b>					
Name of Authorized Representative <b>Ira Randy Kulman</b>				Date <b>3/13</b> , 2017	
Signature of Authorized Representative 				SIGN DOCUMENT HERE <b>FILED</b> <b>MAR 20 2017</b> BY <b>2021 DS</b>	

MAIL TO:  
 Division of Business Services  
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