



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

Annual Report for the year: 2018
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 65460		2. Exact name of the Corporation Crayons & Lollipops Inc.	
3. Principal Office Address 479 West Ave.		City Pawtucket	State Rd
		Zip 02860	
4. NAICS Code 624410	6. Brief description of the character of business conducted in Rhode Island DAYCARE		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DAWN Olagbegi		Vice-President Name Kemi Olagbegi-Weston	
Street Address 501 Roosevelt Ave.		Street Address 438 S. MAIN ST	
City Central Falls	State Rd	City Attleboro	State MASS
Zip 02863		Zip 02703	
Secretary Name BRANDI Venter		Treasurer Name	
Street Address 7 Unity St		Street Address	
City Pawtucket	State Rd	City	State
Zip 02860		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		100.00	
		STK	
		0.0000	
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.			
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.			
Name of Authorized Representative DAWN Olagbegi			Date 1-12-18
Signature of Authorized Representative <i>[Signature]</i>			1-12-18
SIGN DOCUMENT HERE			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JAN 18 2018

BY

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FORM 630 - Revised: 02/2017