



State of Rhode Island and Providence Plantations

Department of State - Business Services Division


Annual Report for the year: 2019
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number 486284		2. Exact name of the Corporation Scribbles Academy, Inc.	
3. Principal Office Address 678 Killingly Street		City Johnston	State RI
		Zip 02919	
4. NAICS Code 624410	6. Brief description of the character of business conducted in Rhode Island Id Daycare and Preschool Services.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sherri Charron		Vice-President Name Sherri Charron	
Street Address 678 Killingly Street		Street Address 678 Killingly Street	
City Johnston	State RI	Zip 02919	City Johnston
			State RI
			Zip 02919
Secretary Name Sherri Charron		Treasurer Name Sherri Charron	
Street Address 678 Killingly Street		Street Address 678 Killingly Street	
City Johnston	State RI	Zip 02919	City Johnston
			State RI
			Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name None		Director Name	
Street Address		Street Address	
City	State	Zip	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 Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		100 Shares	Common
			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.			
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 Sherri Charron, President			Date January 14, 2019
Signature of Authorized Representative 			

SIGN DOCUMENT HERE

FILED

JAN 28 2019

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